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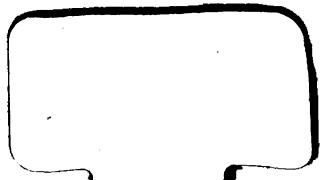
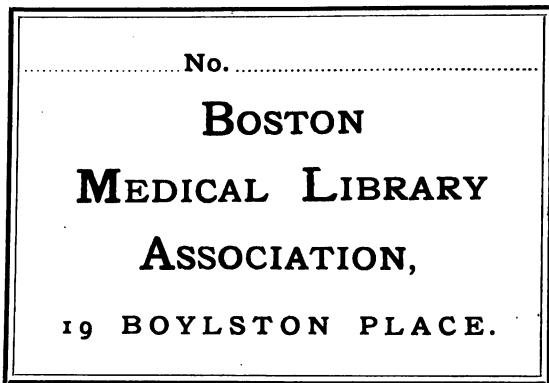
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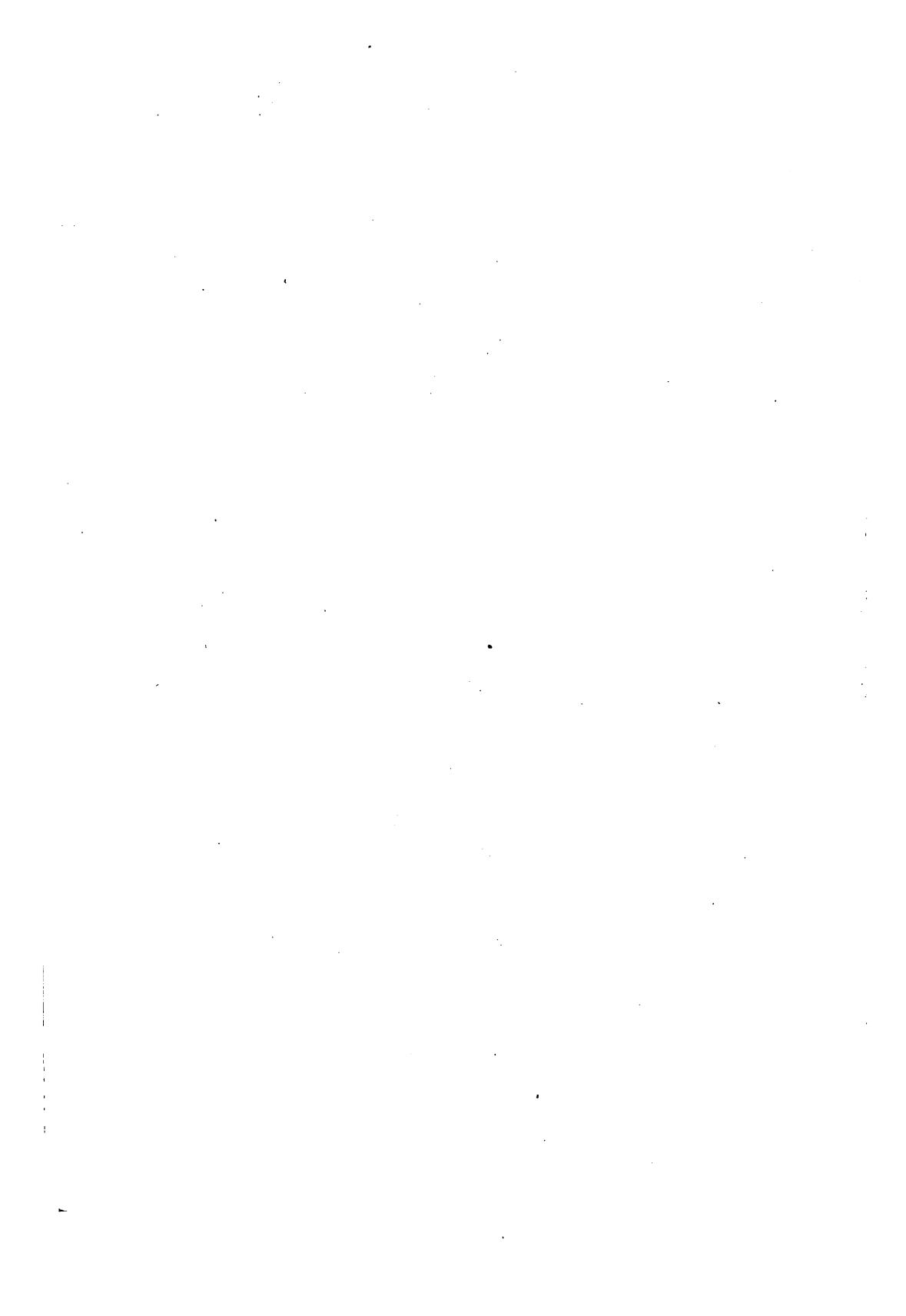
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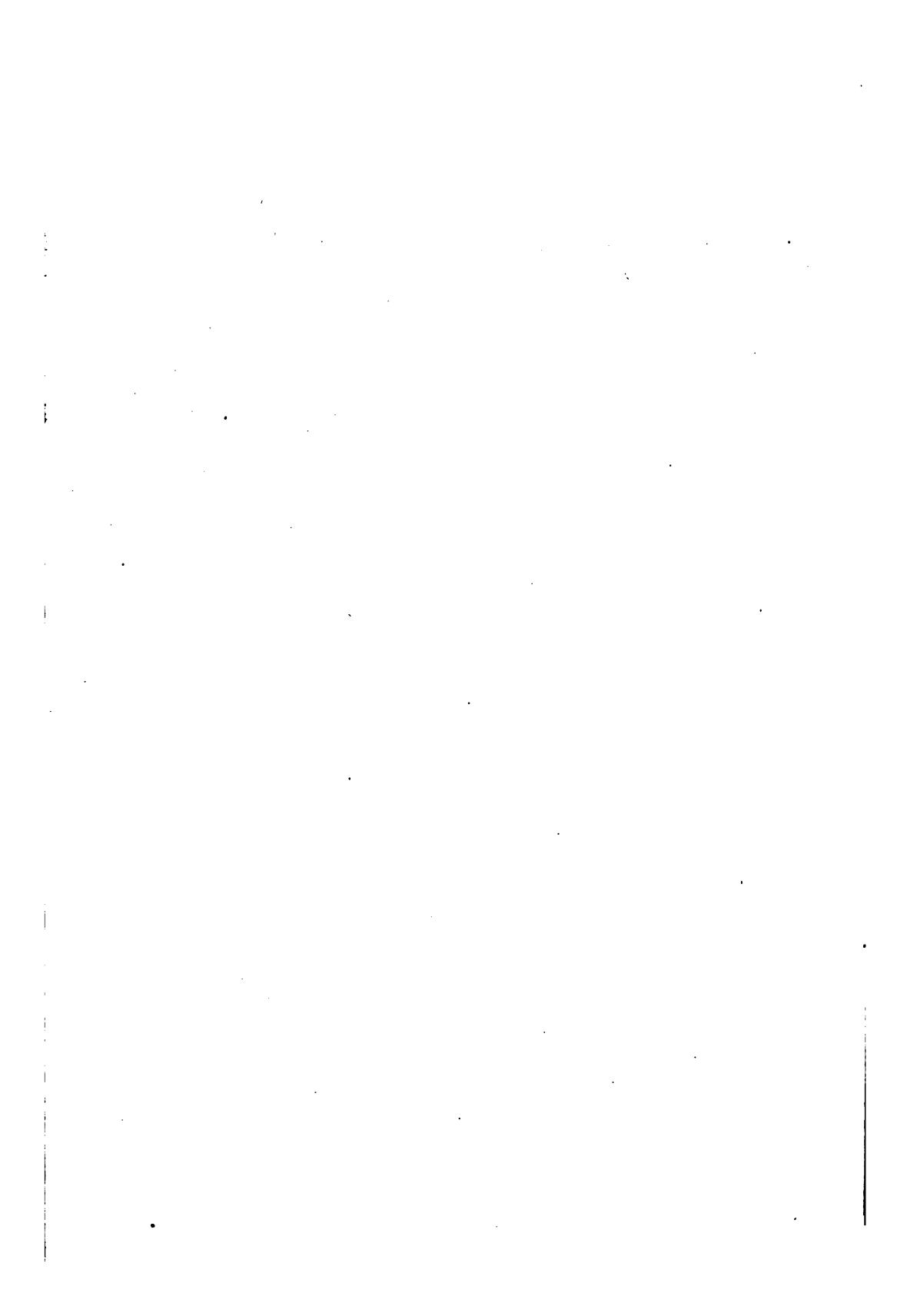
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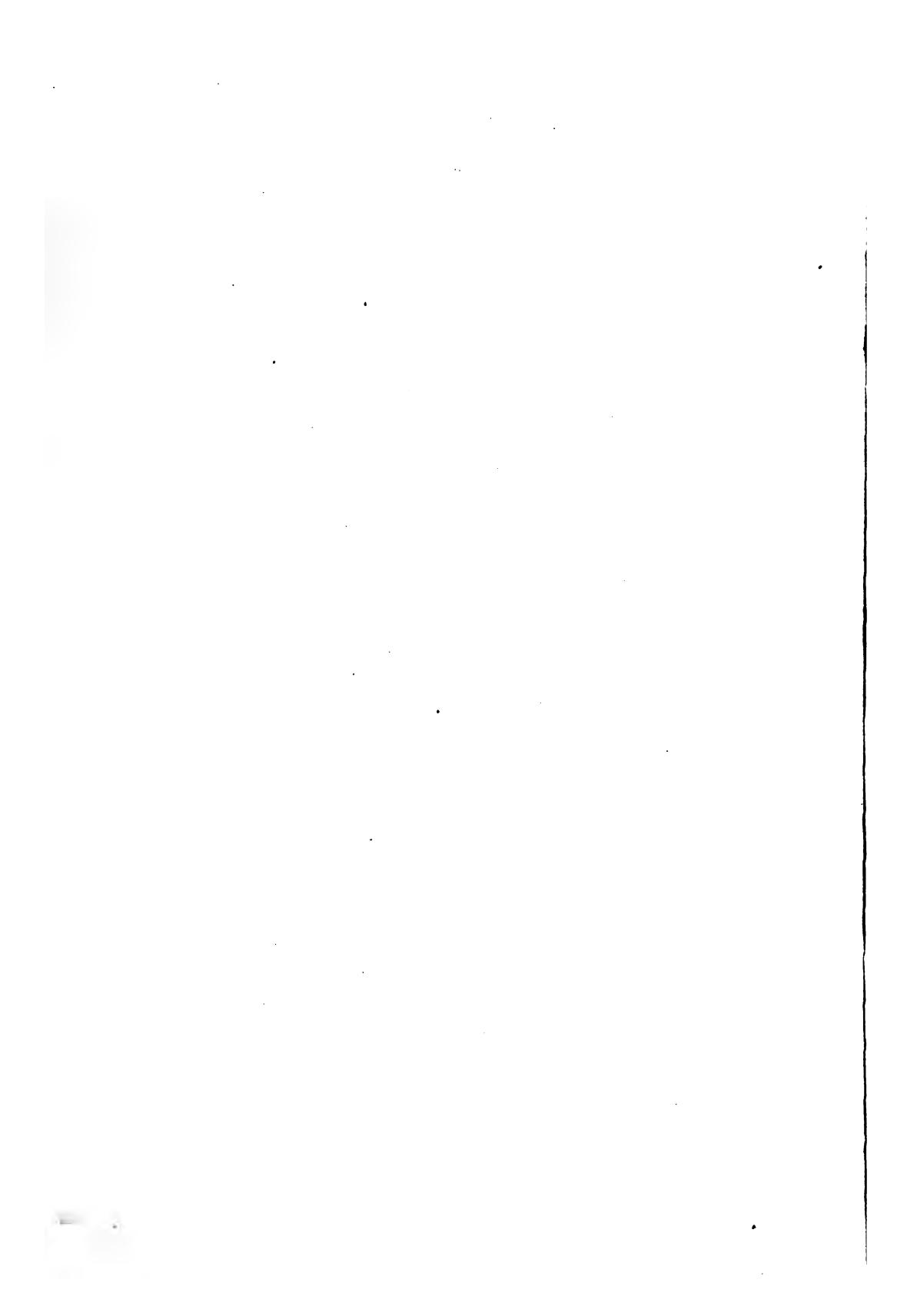
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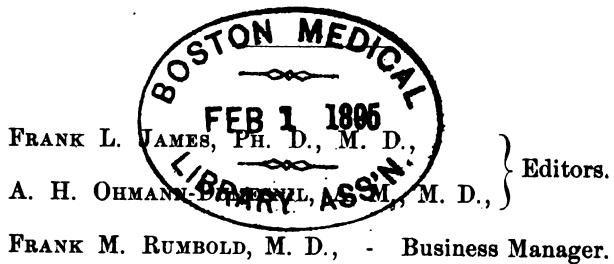




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## **CONTRIBUTORS TO VOL. LXVII.**

---

F. W. Abeken, M.D., St. Louis.  
Drs. Beall, Walker and Capps, Fort Worth, Tex.  
A. H. Benedict, A.M., M.D., Buffalo, N. Y.  
Edw. F. Billings, M.D., Boston, Mass.  
H. C. Fairbrother, M.D., East St. Louis, Ill.  
Paul E. Flquet, Ph.G. St. Louis.  
L. Webster Fox, M.D., Philadelphia, Pa.  
Wm. A. Hammond, M.D., Washington, D. C.  
Louis Hauck, M.D., St. Louis.  
Wm. Henry, M.D., Harmon, Ill.  
C. H. Hughes, M.D., St. Louis.  
Frank L. James, Ph.D., M.D., St. Louis.  
J. Osbourne Jury, D.D.S., St. Louis.  
Robt. Le Conte, M.D., Philadelphia, Pa.  
C. F. Arnold Lindorme, Ph.D., M.D., Augusta, Ga.  
Mary McLean, M.D., St. Louis.  
Thos. S. K. Morton, M.D., Philadelphia, Pa.  
A. H. Ohmann-Dumesnil, A.M., M.D., St. Louis.  
Wm. Osler, M.D., Baltimore, Md.  
M. Price, M.D., Philadelphia, Pa.  
Enno Sander, Ph.D., St. Louis.  
Geo. Eretty Shoemaker, M.D., Philadelphia, Pa.  
Lewis W. Steinbach, M.D., Philadelphia, Pa.  
Thos. Taylor, M.D., Washington, D. C.  
W. S. Wells, M.D., New York City.  
Wm. C. Wile, A.M., M.D., LL.D., Danbury, Conn.  
T. C. Witherspoon, M.D., St. Louis.

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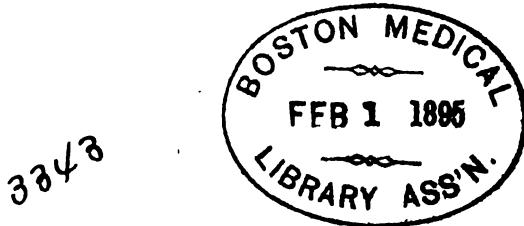
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## Original Communications.

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TYPHOID FEVER—IMPROVED DIETETIC TREATMENT. By W. S. WELLS, M.D., New York City.

Typhoid fever is defined to be an acute febrile disease, dependent upon the entrance into the system of a specific poison, and followed by lesions of Peyer's patches; enlargement of the spleen and mesenteric glands; changes in the blood; and cerebral, thoracic and abdominal disturbances; accompanied with an increasing temperature, frequently reaching 104° F., or more, especially in the evening.

Its invasion is gradual and insidious. It may begin with only a feeling of lassitude, some gastric derangement and a slight elevation of temperature; in other cases it may set in with slight rigors or chilly sensations, headache, epistaxis, diarrhea, and abdominal pain.

When fully formed the principal symptoms are a febrile condition, with increased temperature; headache, passing into delirium and stupor; diarrhea, characterized by ochrey-yellow stools; tympanitis; pain and gurgling in the right iliac fossa; a red tongue, at first heavily coated in the centre, later becoming dry,

brown and fissured; a frequent pulse; and about the end of the first week an eruption of pale rose-colored spots upon the abdomen, and sometimes on the limbs, slightly elevated above the surface, disappearing momentarily on pressure, and coming out in successive crops, each spot lasting about three days; accompanied by prostration, rapidly increasing, and occasional sweats, and intestinal hemorrhages.

It is not considered contagious in the ordinary sense, except as to the feces; the poison not being given off from the skin, or in the breath, but in the alvine discharges.

A special micro-organism has been described by Eberth as the etiological factor—the bacillus of typhoid fever.

From what is known of the causes of typhoid fever, it is probable that it has occurred in all ages, and wherever men have congregated in towns and villages. There is no country, whether civilized or not, of the diseases of which we have any knowledge, in which it has not occasionally made its appearance, being met with in every variety of climate, upon remote islands or in mountain villages. No age enjoys complete immunity from the disease, cases having occurred in early infancy, and from that on to extreme old age.

The manner in which an endemic of typhoid fever may develop and become disseminated in a previously healthy community, is thus shown by Dr. Wm. Caley, in the *British Med. Jour.*, March 15, 1880, being selected from many similar records elsewhere: "The water supply pipes of the town of Over-Darwen were leaky, and the soil through which they passed was soaked at one spot by the sewage of a particular house. No harm resulted till a young lady suffering from typhoid fever was brought to this house from a distant place. Within three weeks of her arrival the disease broke out and 1,500 persons were attacked.

"At Nunnery a number of houses received their water supply from a foul brook, contaminated by the leakage of a cess-pool of one of the houses; but no fever showed itself till a man ill with typhoid came from a distance to this house. In about fourteen days an outbreak of the fever took place in all the houses."

Many other observations seem to render it certain that the alvine dejections of a typhoid patient, contaminating the water supply of previously healthy individuals, or of a whole com-

munity, may become a most important medium by which typhoid fever is communicated. And yet, there is no evidence that the discharges possess this power, otherwise, in a fresh condition. They have repeatedly been examined, and even handled, with impunity, and it is rare for the disease to be imparted to the immediate attendants upon the sick, or, in a well-ventilated hospital, to the other patients in the same ward, provided that the discharges are immediately disinfected and removed after being passed and the bed-linen and clothes of the patient changed whenever they are soiled.

The feces must, therefore, undergo some change before they become possessed of virulent properties.

This, Dr. Hutchinson, Pennsylvania Hospital, Philadelphia, regards as demonstrated by the following facts:

1. Laundresses who wash the soiled clothes for typhoid fever patients not infrequently contract the disease.
2. The occupants of houses connected by ill-trapped drains, with sewers into which the discharges of typhoid patients have found their way, often suffer severely from the disease; and
3. The use of water polluted by such discharges is almost certain to induce the disease in persons not protected by a previous attack.

Experiments show that the poison may permeate soil for some distance, and contaminate sub-strata streams feeding a spring or well, and thus propagate typhoid. Milk may also become a medium of disseminating the germs of this disease, as well as of diphtheria and scarlatina, the milk being allowed to stand in open vessels in an infected atmosphere, from which it absorbs taint sufficient to propagate the disease in those who consume the product supplied through such criminal carelessness. Instances of such dissemination have been directly traced to milk exposed to the atmosphere in a room in which some zymotic patient was confined. Even the washing of milk cans and other vessels used by dairymen in the water of a polluted stream has been held accountable for the dissemination of zymotic diseases.

If the stools of a typhoid patient be allowed to stand, exposed to the air, unsubjected to the neutralizing influence of a powerful disinfectant, they will undergo decomposition, poison the surrounding air, and add largely to the danger of contagion through this medium. Or, if they are emptied, undisinfected, into the

cess-pools, or poured, even at some distance from the residence of the patient, upon some waste-place of soil, there will still remain the danger of polluting the air, as well as soakage into some source of water supply.

The question has been considered whether these are the only ways in which typhoid fever can originate. On the one hand, it is claimed that the disease never occurs in the absence of the specific poison or germ of the disease, and that this is contained principally in the alvine dejections. On the other hand, it is contended that it may, and often does, originate spontaneously, and that all that is necessary to produce it is the presence of decomposing organic matter and the consequent contamination of the food, the water, and the air. Both these views have found able advocates.

Endemics of typhoid fever have occurred in which the disease appeared to have been caused by eating of the flesh of diseased animals, or of meat in a state of putrefaction. In some of these the symptoms were rather those of irritant poisoning than of typhoid fever. Yet, the rose-colored eruption was present in almost all of them, and on post-mortem examination the characteristic appearances of typhoid fever were found.

A remarkable endemic of this kind occurred at Kloten, in Germany, in 1878. Upon the occasion of a festival, 690 persons sat down to the collation. Of these 290 were subsequently taken ill. Three hundred and seventy-eight other persons who did not attend the festival, but who partook of the meat provided for it, were also affected. In addition to these, 49 persons who did not eat the meat became affected. The period of incubation was short, as usual in similar endemics from the same cause. Some were ill on the second day, with loss of appetite, nausea, headache, pain, and swelling of the abdomen, and slight fever. These cases were slight and mostly ended in recovery. The greater number were affected between the fifth and ninth days. The symptoms in these—chills, fever, diarrhea, prostration, frequently violent delirium, also profuse intestinal hemorrhage—usually ran a rapid course and ended in recovery. The rose-colored eruption was present in almost all of them. The fatal cases, on post mortem examination, disclosed the conditions of typhoid. Upon tracing the origin of this outbreak, it was found that the flesh of a calf, sick and at the point of death, had been

slaughtered and eaten by those who feasted at the festival, but the liver of the sick calf was eaten by an inhabitant of Seebach, and he was attacked by typhoid fever; also, that the brain of the animal had been sent to the parsonage at Seebach, and all the household became affected by the same disease. It was further ascertained that another of the calves was diseased, and the veal of this one had been kept 14 days, and was in a state of decomposition when served at the festival. All the meat had been placed in a meat receptacle at the inn where the festival was held. This meat receptacle was found in a horribly filthy condition, and it was concluded by Dr. Cayley that the putrefying flesh of the last calf, together with the filthy state of the receptacle, had rapidly excited decomposition in the whole supply.

In the report of this epidemic it is not stated that either of the calves was suffering from typhoid fever at the time they were slaughtered for the festival. It is now known positively that the calf is liable to be attacked by typhoid fever, and a number of cases are recorded in which the eating of the flesh of such animals has been followed by this disease.

No data appear from which to decide whether the period of incubation is different when the poison is imbibed with the ingesta than when it is inhaled, but it would seem that there is a difference in the susceptibility to the poison among different individuals.

After death from typhoid fever, no traces are left of the rose-colored eruption—so characteristic and diagnostic—no matter how profuse it may have been in life. Sudamina, on the other hand, persist, and discolorations of the skin from settling of blood are always present on the dead body.

Among the lesions peculiar to typhoid fever, are the changes which occur in the agminated and solitary glands of the intestines. These glands become inflamed, enlarged, and liable to ulcerate and proceed to perforation and a fatal peritonitis. Enlargement of the mesenteric glands is constantly associated with the morbid changes in the Peyerian glands mentioned. The chyliferous vessels pass through the mesenteric glands or ganglia on their way to the thoracic duct, and when these glands become diseased nutrition is interfered with, thus accounting, largely, for the extreme emaciation of patients from a siege of this fever. The spleen is almost invariably found to be in-

creased in volume, and to have undergone changes in color and consistence, and in some fatal cases death has been found to have been caused by extravasation of blood in the parenchyma, suppuration, and rupture, followed by peritonitis.

The blood especially is affected in cases of typhoid fever. Troussseau described it as being profoundly altered, and in a condition of dissolution; Liebermeister says that at the height of the disease, the blood is very dark colored, and after coagulation it presents a small and soft clot; Murchison says that a dark liquid condition of the blood is rarer than in typhus, and that fine white coagula are more common; and Hutchinson has seen as complete disorganization of the blood in cases of typhoid fever which have rapidly proved fatal as in cases of diphtheria or other malignant diseases. In cases which recover, the blood is thin and watery during the convalescence.

In view of the profound alterations to which the blood is liable in typhoid fever, it is not to be wondered at that many complications may arise—scarcely any portion of the anatomy being exempt from its effects.

A fatal termination of typhoid fever, however, is by no means the usual result, even in cases in which the disease has assumed its worst features. Hutchinson states that there is no condition in typhoid fever so grave that recovery from it is impossible. Many authors make perforation of the bowel an exception to this general rule, but there are records which show that this accident is not invariably fatal. Even in cases in which the patient has lain helplessly on his back, in a semi-conscious or comatose condition, passing his discharges under him, a slight alteration in his position, an inconsiderable fall of temperature, or a scarcely appreciable moistening of the tongue, will indicate the approach of convalescence. This will be confirmed if, the next day, there be a still further reduction of temperature, a more decided moistening of the tongue, a sensible diminution of the nervous symptoms, and a reduction in the frequency of the pulse. Convalescence may be retarded by some indiscretion, undue excitement, or fatigue, or immoderate indulgence of the appetite. The use of improper food has caused convulsions and death. In cases of relapse, all the symptoms of the primary attack are reproduced, including even the eruption of rose-colored spots. The temperature usually attains the maximum more rapidly, and

the duration of the fever is generally shorter than that of the original attack. Two and even three relapses have been known to occur, with various complications, and yet recovery follow. If the convalescence is retarded by a complication, the pulse will maintain its frequency until this is removed.

The pulse is accelerated from the beginning of an attack of typhoid fever, usually proportioned to the severity of the other symptoms, and especially to the elevation of the temperature, and is generally more marked in the evening than in the morning. It is subject, however, to numerous variations, not only in different cases, but even in the same case from day to day, and even from hour to hour.

Murchison refers to a case in which the pulse sank to 37, and never exceeded 56, during the fever, although it rose to 66 during the convalescence.

Hutchinson has had cases in which the pulse often fell below 60, and in which it never exceeded 80 until after the commencement of convalescence.

A comparatively infrequent pulse may co-exist with a high temperature.

Hutchinson mentions a case in which the pulse was 80 while the thermometer showed the temperature was 105° F., and on another occasion, in the same case, the pulse was 82 and the temperature 104½° F.

As a rule, the pulse is more frequent in cases which will terminate fatally than in those which end in recovery, but to this rule there may be exceptions.

In some mild cases the pulse has been very frequent, often exceeding 120. When the disease is prolonged, and the prostration is extreme, a pulse of from 140 to 150 is not uncommon. During convalescence the pulse usually gradually diminishes in frequency.

Bronchitis is a very common accompaniment of typhoid fever.

The occurrence of perforation may be suspected when the typhoid fever patient is suddenly seized with acute pain in the abdomen, accompanied by symptoms of collapse, and occasionally by rigors. The fall of temperature is often considerable. Perforation of the intestine was formerly regarded as an invariably fatal accident, but this view is no longer entertained, since adhesion may close the aperture. The most frequent causes of per-

foration are, the irritation arising from indigestible and unsuitable food, distension of the bowels by gas or feces, vomiting, and movements of the patient. Liebermeister calls attention to the frequency with which ascarides are found in the intestines of those who die of perforation, and thinks they may contribute to cause it.

Over-distension of the bladder should be borne in mind where prostration is extreme.

Nephritis may occur in typhoid, and watch should be kept to detect other complications.

Experience has shown that the successful treatment of typhoid fever does not depend on any special medication, but on good nursing and careful regulation of the diet—including the omission of all solids, so that the ulcerated Peyerian patches will have a period of rest from participating in the work of intestinal digestion, and the ulceration be not disturbed by irritants—otherwise, perforation of the bowel will cause peritonitis.

It is important, also, inasmuch as the spleen, liver and other of the organs which, in addition to the Peyerian glands, contribute to the scheme of digestion, and are involved in cases of typhoid fever—that science has, at last, accomplished the desideratum of supplying in a concentrated form all the several digestants, and by their administration similarly relieve from work all the organs named as involved.

This has been accomplished in the preparation of peptenzyme, which is composed of an admixture of the several digestants furnished by the salivary peptic, Brunner's, Lieberkühn's and Peyer's glands, together with those contributed by the spleen and the liver.

As the successful treatment of typhoid fever depends so largely upon furnishing nutrition to the system while it is struggling to resist the poison of the fever—the fact that peptenzyme digests every article of food likely to be ingested, and prepares the same by emulsification and artificial digestion to be easily assimilated, will remove the principal dangers incident in this disease; especially those arising from exhaustion, and those liable to follow the presence of undigested food in the alimentary canal, so potent a factor in maintaining the diarrhea and precipitating perforation.

In the doubt and obscurity which usually envelop the diagnosis

of typhoid fever when the physician is first called to treat it, it is impossible to lay down positive rules for its management in the very beginning. But even in the insidious cases the thermometer will show the existence of a fever having a tendency to increase at night. There is generally a little diarrhea, or at least an increased susceptibility to the action of laxatives. If there is no diarrhea and you give a teaspoonful of castor oil and it causes inordinate action of the bowels, this, it is claimed, will dispel the uncertainty as to the case being one of typhoid fever, especially if there is also a little tympany, tenderness in the right iliac fossa, and a degree of general prostration which is out of all proportion to the other symptoms.

As soon as the case is apprehended to be one of typhoid, the patient should be kept in bed; not even allowed to get up to empty his bladder—such effort often having caused perforation of the bowel, even in early stages. If practicable, and the weather is warm, the patient should be moved to the sea-side for its cool breezes at night.

As the disease is generally one of long duration, the patient being rarely able to leave his bed under four weeks, the sick-room should, if possible, be selected for being large, airy, and provided with an open fire-place, this latter giving better ventilation than simply an open window; but both are desirable, as typhoid patients do not readily take cold, even if exposed directly to a draught. The temperature of the room should be kept at between 65° and 68° F.

Milk as an article of diet is unquestionably to be preferred to all others in typhoid fever; but given in its usual form is open to the objection of occasionally forming tough curds in the stomach; but this may be obviated by following it with peptenzyme, a teaspoonful of the elixir to every ounce of milk swallowed.

This immediately peptonizes the milk in the stomach and prevents formation of curds. As a general rule, an adult patient may be given from four to six ounces of milk every two or three hours, followed by half an ounce of peptenzyme elixir.

For the intense thirst accompanying this fever, kumysgen, kept on ice, will subserve the double purpose of drink and food. It is a pure milk, reduced to a powder as recommended by the committee of the Section of Dietetics of the American Medical Association at their meeting in 1888.

Kumysgen in itself contains every element essential to sustain life for any length of time, and as it cannot become coagulated in the stomach or intestines, it is readily assimilated. Besides, its effervescing properties, being prepared so as to generate carbonic acid gas when dissolved in cold water, renders it an agreeable drink to the thirsty, emaciating patient. Moreover, it is compatible with medicines proper for the treatment of the case, and does not, like farinaceous substances, cause flatulence.

The propriety of using alcoholic stimulants in typhoid fever depends on their effects. Alcohol in any form should not be given in the beginning of the disease, but should be reserved until the action of the heart grows feeble, and its first sound is indistinct. If the pulse grows stronger and the delirium diminishes under its use, it is doing good and should be continued; but if, on the other hand, there is increase of delirium and restlessness, stop it, or diminish the quantity, or substitute a mild wine. If diarrhea is a prominent symptom, brandy at first, in small quantities, should be the tentative stimulant.

The nurse should be instructed not to neglect to give the patient cold water to drink, even if he fails to ask for it, as he may if fallen into an unconscious condition. The alcohol or wine may be given in kumysgen and will be more likely to agree as a milk punch with the sensitive stomach.

The temperature usually present in this fever, and the rapid combustion of tissues it causes, makes a full supply of liquid an urgent necessity which it is dangerous to disregard. The functions of the kidneys should be kept active, so that the products of the combustion of tissues may be eliminated with their secretions. In addition to cold water as a drink, prepare a solution of bicarbonate of potassa in one glass and dilute lemon juice in another, and give a teaspoonful or two of each, the one following the other, so that effervescence will take place in the stomach. This will allay irritability of the stomach, thirst, and also act as a diuretic.

The treatment of the larger number of cases of typhoid fever is to be symptomatic, as no remedy or plan of treatment has yet been discovered which will cut short the disease. Ice water bags, or cold compresses to the head, or sinapisms over the region of the cerebellum for headache and delirium; ice water sponging or affusions of cold water to reduce the temperature;

oil of turpentine for the fissured, dry tongue and for intestinal hemorrhage; quinine as a tonic and for its alleged power to reduce the temperature; sinapisms to the epigastrum for vomiting, together with small doses of carbolic acid, glycozone, aromatic spirits ammonia or bismuth, administered respectively, with kumysgen; rectal injections of laudanum, 20 to 30 drops, or opium with bismuth for diarrhea; nitrate of silver in the latter stages in view of its effect upon atonic ulcerated surfaces; embrocations of sweet oil and oil turpentine and the careful use of a rectal tube to promote the escape of the gas in tympanitis; hypodermics of morphia to arrest peristalsis and enforce constipation in case of intestinal perforation; counter-irritants over the kidneys if the urine contains albumen; the use of the catheter if the bladder becomes distended; and hypodermics of ergotin in epistaxis are all valuable aids in the symptomatic treatment.

Insomnia will demand prompt attention, as the patient will soon become exhausted if he cannot sleep; but chloral should not be given, as the heart is always weak in typhoid. If the insomnia be attended by tremor and muttering delirium, camphor and opium may be given—20 to 30 drops of deodorized opium and the same of tincture camphor, at night as well as during the day.

If the delirium requires mechanical restraint, a folded sheet passed over the chest of the patient and fastened to the sides of the bed is better than trusting to the nurses to restrain him.

Cystitis and paralysis of the bladder may follow neglect to keep the urine drawn off. The nurse may be deceived by the dribbling of urine, supposing the bladder to be empty, whereas it is overflowing.

Hypostatic congestion of the lungs with feeble action of the heart require that the patient be frequently changed in his position, cardiac tonics given, and turpentine stapes to the chest.

Change of position may also obviate the occurrence of bed-sores, especially if soap plaster or lead plaster is applied after the prominent parts of the back have been bathed with whiskey and alum.

Thrombosis of the femoral vein, if it occur, is to be treated by elevating the limb and enveloping it with flannels wrung out of hot vinegar and water.

In the search for specific treatment of typhoid fever many

preparations have been tried and found wanting, and since no plan has succeeded in cutting short the disease, it only remains to guide the case and make the patient as comfortable as possible, using means to prevent the diffusion of the poison by disinfecting the discharges and neutralizing their effect upon surrounding objects soiled by them, as well as in maintaining ventilation and general deodorization.

The vessel receiving the evacuations of the patient should have a small quantity of liq. sodæ hypochloritis kept in it, and when evacuation takes place the stool should be at once covered by pouring upon it sufficient of the solution hypochlorite—one part to forty of water—to completely cover it, and should at once be removed from the room and disposed of. The vessel should then be cleansed by washing with a milder solution of the sodium hypochlorite—one part in one hundred of water—and returned with some of the stronger solution in it for another service.

The soiled bed-clothes, the clothes of the patient, and everything to go to the laundress, should first be saturated by the stronger sodium solution to neutralize the germs or poison of typhoid, for which purpose nothing equal to it has been found.

It may be used also to flush the traps in the water-closets where the typhoid stools are emptied, or the places in the country, the cess-pools, or holes dug, in which the alvine discharges are emptied.

This liq. sodæ hypochloritis was prepared a number of years ago by Reed & Carnrick in accordance with the recommendation of the American Public Health Association. This solution is similar in its composition to the Labarraque's solution (liq. sodæ chlorinatis) of the U. S. P., but contains a very much larger percent. of available chlorine, and is made by a process which prevents the spontaneous decomposition of the hypochlorite into inert salts. It is not only a deodorizer and antiseptic, but a disinfectant proper, that is, it destroys organisms and their spores, and also decomposes the poisonous volatile alkaloids of putrefaction.

The same strict adherence to a liquid diet must continue during convalescence.

The ulcers in the intestines often remain unhealed for some time after the subsidence of the fever, and errors in diet may,

therefore, readily cause relapse, with renewed danger of intestinal perforation.

The patient should avoid mental worry and physical fatigue by sitting up too long.

Elixir of calisaya and iron with elixir peptenzyme may be given with the liquid food. Should diarrhea persist, showing that the intestines have not recovered their normal condition, nitrate or oxide of silver, sulphate of copper, and subnitrate of bismuth, in appropriate doses, given with a little opium, may either of them be found very useful.

When, on the contrary, constipation exists, it is still imperative to avoid drastic purgatives, or even mild laxatives; use only enemata, and introduce the nozzle carefully.

At the last International Medical Congress, held recently in Rome, Dr. Tison, of Paris, read a paper on Lysol, which he regards as a perfect general, and especially an intestinal antiseptic, and he claims for it excellent results in the diarrhea of typhoid fever.

At the same meeting Dr. Burney Yeo, of London, advocated the continued search for direct antagonists to the poison causing typhoid, with the hope of discovering an antidote to micro-organisms of other specific fevers.

235 West 34th Street.

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THE FITNESS OF THE CLIMATE OF TEXAS FOR OPERATIVE SURGERY  
DEMONSTRATED BY RESULTS IN RECENT CAPITAL CASES.\* By  
DRS. BEALL, WALKER and CAPPS, of Fort Worth, Texas.

More than a year ago one of our firm contributed a brief letter to a Texas medical journal, advertizing to the subject of the present paper. The letter referred to grew out of a remark made by an able member of this Association, and a friend of the author of the present article. This distinguished gentleman asserted that the climate of Texas was not adapted to capital surgery; that the surgeons of Texas need never expect to realize such results as obtained in Philadelphia, New York, Boston, and the cities of Great Britain and Europe. The brief article referred to was favorably noticed by several of the operators of this State, but more particularly by the distinguished Dr. Cross, of San

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\*Read before the Texas State Med. Ass'n, at Austin, 1894.

Antonio, who, in a letter, heartily sustained the views promulgated.

The student of surgery will readily concede that the subject of climate, as affecting results after operations, is meagerly referred to by the most prolix of writers. There is no modern work but treats of the precautions to be observed before and at the hour of operation; none but urge favorable local environment, yet nearly all have ignored the question as to whether or not certain climatic conditions enhanced the chances for favorable results. Whilst the members of the profession have ignored the subject measurably, at least one instance is recalled in which the laity have not done so, but have seriously considered whether or not our climate—aye, even one portion of our great State—did not offer, over another, a more favorable field for successful work and increased chances for recovery, when a serious surgical procedure was advised and contemplated.

It is well known that important hints and facts are sometimes derived from ignoble sources, even many such instances, unnecessary to name, mark the progress of medicine and surgery. In the instance above alluded to, there had doubtless fallen under the observation of this gentleman (one of the now professional class) something that led him to infer that perhaps operations here would be more hazardous than elsewhere, and he had determined that if such should prove to be the accepted theory or belief of the profession, he would, regardless of expense, seek the more favorable locality, and carry with him, out of his bailiwick if need be, the selected operator to perform the service deemed necessary in his particular case, and where the natural advantages presented the best chances for successful operation and recovery. He doubtless reasoned that Texas was a large State—an empire in point of area. He may perhaps have heard of the toast put into the mouth of the Mayor of Ft. Worth, Capt. Paddock, by the Governor of Colorado, when the Capt. responded to the toast of the Englishman at a banquet in New York. The latter, in speaking of the British possessions, said the sun never went down upon her territory. In replying, Capt. Paddock, in his inimitable style, claimed that Great Britain was only a diminutive spot as compared with the great State of Texas, which had for her boundaries the Aurora Borealis on the North, Primeval Chaos on the East, the Procession of the Equinoxes on the South, and the Day of Judgment on the West.

He also doubtless knew that the west half of our great State was reputable for the cure of pulmonary diseases; had attracted to it those who suffered from grave neurotic or rheumatic diseases in the more elevated or cold regions of the North, as well as those affected from the malarial plasmoidum of the timbered lands of the eastern portion of our vast State and adjacent States, who sought favorable climate for cure. His deductions had led him to conclude that if diseases, multifarious in character, were cured by change of location, a like determining influence would similarly affect surgical cases; and, we reiterate, why not?

Travelers have observed\* that the nomadic tribes of Arabia, going hither and fro upon the plains of that dry oriental country have little trouble with wounds of any kind. Summer heat (exsiccation) amid the tropics favors early adhesive wound repair. That repair in such climates is surer, quicker, and carries with it but a modicum of danger when compared with results in cold, damp climates. It is said that in the East Indies, wound cures are rapid and comparatively free from the intercurrences and incidents that militate against the work of the surgeon in colder regions. It is also said that wounds and operations did much better among the troops in the Gulf and at and near New Orleans than among the wounded in the more northern fields of the late war, and in the face, too, of the fact that facilities for the proper treatment of the former were limited. Even in hospitals in the North, where every facility for wound treatment was lavishly supplied and at the command of those of superior skill and experience, the results were not so good as in the regions along the southern borders.

Rochard, in speaking with reference to the healing of wounds in tropical climates, says: "All of our confrères point out the rapidity of their course and the promptitude with which they heal. It is stated that in Madagascar the bad guns used by the Scholares often burst in their hands, and that in complicated wounds thus made, and requiring amputation, the healing process was wonderfully rapid, even in spite of the most irrational treatment."

One of the authors of this paper can substantiate the claim for influence of climatic aids in wound treatment by recalling an experience of the late war, when after a battle by Gen. Green,

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\*Medical Record, N. Y.

[July,

near the Atchafalaya, in the State of Louisiana, he repaired to the aid of the gallant Cupples. Upon consultation it was deemed best to remove the wounded to Alexandria, and he was deputed to superintend that work. These wounded soldiers, some thirty odd in number, were jolted over the rough roads in wagons, with the usual inadequate facilities for comfort or treatment. The seriously wounded were retained in field hospitals. Among the latter the distinguished Col. Boone, who lost left arm at shoulder joint, and little finger and thumb of right hand only left, remaining fingers and most of palm removed. They slept (what sleep came to them) upon nature's green carpet, when weather permitted, and when rain came, upon the hard benches or floor of the village churches or school houses. The heroes or heroines of the roadside divided with them their scanty morsels of food; the muddy, slow-running bayou divided its water with the soldier, the bull-frog, the tad-pole and the turtle; yet these men, sorely and severely wounded, many of them with wounds infested with maggots, protected as best we could with elder boughs, passed through the ordeal with brave hearts and undiminished numbers, and very soon returned to the post of duty, not one having succumbed to the injuries received. Again, after one of the battles of the South-land, in which the writer rendered whatever aid lay in his power, with limited facilities and experience, he amputated (major amputations) twelve times, and the subjects of these amputations were turned into the general hospital from the field tent on the eleventh day after operation, not a death having occurred. If there be any present who ignore or deny the influence of climate in determining results in wound treatment, we would be glad to have them account for results mentioned upon some other theory. Antiseptic and aseptic wound treatment had not then occurred to the mind of Lister. Asepsis and antisepsis were yet in the womb of time, and experience was in its youth. Our facilities were poor and inadequate. We did use solution of chlorinated soda, the idea being to limit stench, not the germs of infection. Let the future surgical historian applaud our intention and charitably criticise our mistake.

If what has already been said and what shall follow in this paper shall sustain the position as to the beneficence of climate, and especially the climate of Texas, as a factor in successful wound treatment, the corollary must be admitted that conservative operative surgery is also offered a desirable field in Texas.

"It is the immortal achievement of Lister\* to have first attributed to fermentative influences the disturbances of wound repair—to have led treatment into a rational, hence successful, direction. Albuminoid substances, such, for instance, as blood or blood serum, in fact all of the tissues of the dead animal body, will become putrid under certain well-known conditions. These are: First, *moisture*; secondly, a certain temperature called *warmth* for short; and thirdly, the presence of living organizations or fungi, named *schizomycites*, better known as bacteria and micrococci. If all these conditions are present the animal substance in question will ferment or putrefy. Absence of any one of these conditions, or diminished influence of any one of these requisites, will modify or prevent putrefaction. The active agents of decomposition are the micro-organisms, which will develop their disintegrating activity as the conditions are favorable to their development: *i. e.*, moisture and a certain degree of temperature. Modern wound treatment is based entirely upon the well-known principle—preservation of organic substances. Of these general modes of preservation *freezing* is inapplicable in human surgery—exsiccation, however, and burning with the actual cautery—then chemical sterilization with exsiccation, contains the essence of aseptic surgery. They secure wounds against decomposition and are a secure prevention of suppuration. It is well known that putrefactive processes are favored by moisture when other conditions are present. If it then be admitted that such conditions are requisite for putrefactive changes, where is the climate among known civilized peoples where the air is *drier*, *freer from moisture*, and in which, *ergo*, wound treatment should proceed more favorably as the conditions for putrefactive changes are moderated by the climate? The aborigines of Texas knew this fact, though they may not have been capable of theorizing satisfactorily about it; yet it was exemplified in their customs no less than in those of the heroes of the Republic of Texas. And it is a custom not yet extinct, as may be attested by many members of this association. If meat is cut in strips and hung for a short while in our dry atmosphere it can be preserved for weeks and weeks without salt or ice and no change of putrefactive character will occur. How many of us have seen the wild animal of the plains or the domesticated animal, when killed and left

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\*Gerster.

upon the prairie, dry, desiccate, and remain for months, yea for several years, without emitting the stench of putrefaction! "Cowmen" all know that castration wounds, in dry, clear weather, will heal without swelling, inflammation or suppuration; and if, on the contrary, they are castrated in moist, wet weather, the wound will more surely swell and suppurate and losses be sustained which might have been avoided if dry, clear weather had been selected instead. A similar condition has also been observed in branding their stock. If animals are branded in damp weather the brand wounds are larger, broader, less symmetrical than when dry, clear weather is selected for the operation. The writers believe that the natural taste of the buzzard is for decomposed animal matter. As animal matter in the putrefactive condition so rarely occurs in our climate, these scavengers are far less numerous upon our plains than in the older and damper States. It must be borne in mind that we claim that the causes which produce putrefactive changes in animal tissue intended as a food product are identical with the changes which occur when animal tissue is subjected to the knife of the surgeon for conservative purposes, and that this change—putrefactive in kind—is the condition to be avoided if good results in surgical operations are expected.

Observation has shown that our climate is a dry one. If *moisture* is a pre-requisite for the development of those micro-organisms which favor wound or animal tissue infection, and we can offer some facts that show our climate to be drier than most climates, then it must follow that our State is a superior field for operative work, because *exsiccation* is a fundamental agent against animal tissue infection or putrefaction. Statistics of hygro-metric nature compared with reports elsewhere indicate the dryness of the west two-thirds of our State. Why is this true? First, the evaporation from the bodies of water to the southward, whence our prevailing winds come, is from such great distances, condensed over so great an area of territory, that *our* moisture is limited indeed. Second, the damp, dark days are so few, and the days of bright sun and blue sky so many, the condition of exsiccation is increased. The alkaline matter which perverts the taste of the water of the plains perhaps tends to aid in preserving the dry condition of the atmosphere. Our vegetable and animal kingdoms are influenced by this natural condition. An-

other point is pertinent, and in this is perhaps the solution of the observation of the "cowmen." This is the comparative scarcity of the lower orders of animal life, *known to be the bearers of infection germs.* Flies are scarce in middle and western Texas, and away from the streams mosquitoes are practically unknown in many sections.

Now, admitting diminished moisture, the dryness of the atmosphere as favoring non-development and limitation of the agencies of wound infection, the long and bright sunshine perhaps presents an additional security to the surgeon. Late observations of Prof. Marshall Ward show that light—"sunlight"—has a destructive influence upon microbic activity. Ward's experiments are only corroborative of those of Tyndall, Downey and others in England, and of those of Nocard, Déclaux, Roux and others in France." We can recall that tubercle bacilli are killed after two hours exposure to bright sunlight. This fact was first noted by Koch. It may be of interest to note in this connection that "cowmen" claim that fresh animal tissue hung up in moonlight will spoil more readily than if hung and shaded from moonshine. We have been told that it is not an uncommon occurrence to hear in the camp of the cowboy the injunction: "*Take that meat out of the moonlight.*" They only know, without offering any theory, that there is a difference in the "keeping" of the flesh when placed in the dark and not in the light. How will scientists reconcile the observations of the ranchmen with theory? Is there a destructive influence due to rays of light? Rather is it not more likely that the carriers of the germs of *putrefaction* are more rife in the moonlight than in the dark? We know that insect gatherers attract the specimens they seek by erecting screens upon which reflected light is thrown. We also know that the arc lights of our streets attract myriads of insect life; that the statue of liberty in New York harbor has attracted thousands of birds in their migratory flight. If we then admit that *insects transport infective material*, may we not accept this theory to sustain the experience of the camp butcher. As "there is no land whose sun is half so bright, whose skies are half so blue," with proper care and watchfulness we need not say, as Dr. Shraday did, that "if the sunlight can be utilized as a microbicide, sanitary authorities should be specially watchful of pestilences

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\*Pilcher.

breeding in neglected dark corners, which abound in all large cities of the world." If we could have sunlight on tap, artificial germicides might be consigned to the lumber room of things which had outlived their usefulness.

In our opinion it is not climatic disadvantages that place in unfavorable comparison the surgery of Texas. No operators under heaven have a more desirable field for successful work, more sunshine and blue sky. Our field of work is all right; but are we all right? The profession of Texas need education; the people of Texas need education. We must properly prepare ourselves by study. Our results will educate our clientèle. We will then the more readily recognize surgical diseases in their incipiency; work predicated upon an early recognition of conditions requiring the knife will give more favorable results than otherwise. We should educate ourselves so that when a case is presented, say with an abdominal tumor, we shall not say the case is one of pregnancy; when nine months have passed shall say 'tis dropsy and evacuate, as we term it a dropsical effusion. A few weeks later repeat the operation, and again and again until the patient is dead and our mistake buried with her—an aspersion upon the surgery of our State and beneficent climate. When we shall attain to a higher educational plane our clientèle will observe the accuracy of our judgment and skill, will submit the more readily to our conclusions and advice, will be less easily switched off by the fulsome sure-cure advertisements of quacks and charlatans who disgrace the name of medicine. When this point is reached fewer cancers, fewer fibroids, and fewer inquiries will carry our patients to premature graves, and our profession and our State suffer less. If it is admitted from what we have advanced that our climate is favored in advantages over other States for operative surgical work of whatever character, it is our duty as members of the commonwealth of Texas to exert ourselves to establish our supremacy. Professional pride, State pride, should exact extreme efforts for such an accomplishment. Besides State and professional pride, a duty born of conscience demands that we elevate advantages which either labor or nature confers. In so doing we induce immigration to our State. With immigration comes money; values are increased; intelligence is exalted; in fine, social make-up is enriched and happiness and pleasure is vouchsafed our people.

We have now presented the theories which obtain in reference to the causative agencies which influence wound treatment. We have adverted to the part exercised by moisture, heat and light as increasing or modifying wound infection. We have presented the observations of the "cowmen" of Texas as bearing upon the subject, and our blue sky and sunshine have been referred to. With all these references to establish the beneficence of our climate towards our noble art we should remember that with these advantages over other less favored lands we must not ignore the teachings of the Master, nor the innovations which time and mind have developed. It remains for us to study and labor, developing and improving upon our natural advantages, adopting every rational idea of method and technique. This done, with the prestige our climate offers, our statistics should show favorable comparison; indeed, should surpass the statistics of less favored sections.

To sustain the text of this paper, we append a table of recent capital operations. The more interesting cases are offered with brief clinical histories. It will be noted that only one death occurred in the number, and that caused after the fourth day from the unfavorable local environment in which the case was treated, and upon which climatic conditions could not have had any unfavorable influence. It will be proper to add that, when we consider the agencies which may operate and mar a general surgical report, there are facts connected therewith which demand recognition, and which should not be laid to climatic influences. These conditions or facts may exist anywhere, and when operating unfavorably must be discarded from the general make-up when comparing results. It is a fact that local environment may act disastrously to operative surgery in all countries. It is a fact that certain constitutional conditions—the existence of certain diseases—will render abortive surgical skill and endeavor in all operative fields wheresoever. The question is: "Is our climate better than another, waiving the conditions which obtain outside of climatic influences, for surgical work and results? If so, has Texas a climate with inherent advantages?" The object of this brief, unstudied paper is to indicate that it has; and if further observation shall confirm our belief, we shall be amply rewarded in directing attention to the subject.

[TO BE CONTINUED.]

**IMMEDIATE CAPSULOTOMY FOLLOWING THE REMOVAL OF CATARACT.\*** By L. WEBSTER FOX, M.D., Professor of Ophthalmology, Medico-Chirurgical College, Philadelphia.

The ophthalmic surgeons endeavor to obtain perfect vision after the removal of a cataract. On account of its prevalence, the loss of one of the most valued of the senses, and the restoration to vision by a bloodless and painless operation, have concurred to render this operation an object of the highest attention to surgeons, and the progress of improvement in the operation has been commensurate with the advances made in surgery elsewhere in the economy. Unfortunately, with all our skill and knowledge, success does not always follow the removal of an opaque lens. The many contingencies incident to the healing of the wound, the distortion of the cornea, the subsequent change in the media caused by iritis, or a thickening of the posterior capsule—one or all of these factors play a very important role in the subsequent restoration to vision.

The opaque lens, with its capsule, obstructs the vision, causing blindness of the patient. To remove this obstruction requires considerable dexterity to restore vision, absolute cleanliness and most careful after-treatment. The most disheartening factor in a cataract operation is that, sooner or later, the posterior capsule thickens, and again dimness of vision follows; the lessening of the sight is not so great as it was before the removal of the lens, but still the patient is debarred the comfort of reading, writing, or attending to business matters in which it is necessary to have perfect vision. It is to prevent this latter change that I advocate the splitting or parting of the posterior capsule at the time of the primal operation.

Having had the opportunity of following many operators, good, bad, and indifferent, and noting the after-results, I frequently saw excellent vision follow bungling manipulation. The surgeons did not possess that delicate sense of touch so essential in making the corneal incision, snipping the iris, lacerating the anterior capsule, and delivering the lens. They lost courage, or their hand became so tremulous after they had ruptured the capsule, that the operation would have been a failure had they not taken a lens scoop in hand, entered the eye, and fished out the cataract

\*Abstract of a Paper read before the State Medical Society of Pennsylvania, May 17th, 1894.

and its capsule, with always more or less loss of vitreous. With very great care in the after-treatment many of the patients would recover, and in the majority of cases which did recover no capsule interfered with their visual acuity. It was witnessing such operation that led me to think that a parallel process, carried out however on more delicate operative lines, at the time of the primary operation, would still lessen the dangers that such harsh measures would be sure to excite.

The ancient method of removing cataracts from the direct line of vision was by *couching*; that is, passing a delicate needle through the sclerotic coat on the temporal side of the eyeball, posterior to the ciliary bodies, pressing it forward and into the crystalline lens. Then, by a backward sweep of the point of the needle, lens and capsule were torn from their position, and deposited down and out in the vitreous chamber. Celsus, the celebrated Roman physician, who lived at or about the commencement of the Christian era, describes, and is generally esteemed the father of, this operation. It was not very satisfactory in its results, according to the data obtainable from the earlier writers. Fabricius, who flourished in 1600, speaks with great despondency of this operation; later on, Hiester, 1711, says: "Though the operation is easy to be performed, the success is so very precarious, that amongst a great number of persons, couched by the most distinguished oculists, very few met with the desired results; and upon the vast number of patients upon whom the celebrated itinerant Taylor operated, not one in a hundred recovered his sight." He further says, that in several different places he saw many miserable objects in tormenting pain, arising from inflammation consequent upon the operation, and that of those who regained their vision there was scarcely one in ten who did not sooner or later lose it again. For eighteen hundred years this puncturing of the eyeball, with its most deplorable results, was the only method held out to the blind. It was the outgrowth of an accident which gave birth to the rival plan of extracting the opaque lens through an incision of the transparent cornea. It was the failure to remove a cataract which had escaped into the anterior chamber by couching, that led M. Méry to recommend, in the year 1707, the practice of extraction in all other cases of this disease. It was left, however, for Daviel, the celebrated surgeon of Paris, 1745, to bring forward this method as one infinitely less dangerous than couching. From that day to this the incision is made through

the cornea, or along its margin, and the percentage of loss is to-day what the gain of vision was one hundred and fifty years ago.

#### PRELIMINARY TREATMENT ESSENTIAL IN CATARACT OPERATIONS.

I deem it of the greatest importance to interrogate all cataract patients presenting themselves for an operation, as to their general habits and family history, and to make a careful examination of the urine, restricting meat diet and increasing a vegetable one; while last, but not least, placing the patient, one week before the operation, on the mixed treatment, also paying particular attention to bathing both eyes with a boracic acid solution containing sulpho-carbolate of zinc, examining the eye-lashes, and particularly the nasal cavities. If any catarrhal affections are found in these cavities, it is of paramount importance that they receive the proper treatment before an operation is performed. The day before the operation the patient is given a warm bath and a saline purgative, kept in bed, and his face washed with Castile soap and water, then washing the skin around the eye to be operated upon with ether, following this again with a 1-5000 solution of corrosive sublimate, after a German method (Schweigger).

The reason I call attention to these minute details is, that the patient may suffer from some defect which would not affect an eye in a comparatively healthy state, but might exercise an extremely pernicious influence on the eye after the irritability following the operation. The effect to be dreaded is inflammation, and therefore every measure calculated to prevent its occurrence must be taken. There are still a few ophthalmic surgeons who think it quite unnecessary to take these preliminary precautions, but happily the number is growing less year by year.

At the time of the operation still greater precautions are taken: the patient's face, neck and mouth are thoroughly cleansed, clean under-clothing, over which, and fitting closely to the neck, a sterilized sheet is wrapped, head bandaged in a sterilized towel, and the eye irrigated with an aseptic fluid as hot as the patient can bear it. The instruments are also sterilized, all fluids, such as atropine and cocaine, are sterilized in a Llewellyn flask. The operation is performed then in the usual manner.

After the delivery of the lens (cataract), and all cortical matter is washed out of the anterior chamber, I proceed with the rupturing of the posterior capsule—the subject of my paper. The instrument used is a gold enameled hook, made as delicately as is

consistent with keeping its shape. It is of malleable steel, so that it may be bent to any angle which I find is convenient, especially when the eye of the patient lies deep in the orbit. The hook is passed into the anterior chamber, and behind the lower papillary margin of the iris, on its flat side. It is then rotated backwards, hooked into the capsule, drawn gently upwards to the mouth of the incision, rotated on its flat again, and then taken out of the chamber. By this means, the capsule is torn, and the vitreous presses forward between the rent. Very little or no vitreous shows at the mouth of the wound. If it does, I snip it off.

When the operation is performed after the simple method (without iridectomy) the same manipulation is carried on with but one exception; and that is, the line of incision is not so long. The ophthalmostat is removed, and the eye-ball again irrigated with the hydrostatic eye-douche, followed by dropping one drop of sterilized atropia solution into the eye; the lids closed and thickly anointed with vaseline, which has been sterilized by boiling; over this, especially devised eye-pads, which have also been sterilized by heat, held in place by adhesive strips, which keep the bandages securely fixed, permitting the patient to change his position in bed as often as is desirable. In twenty-four hours the dressings are removed, and both eyes bathed with warm water, and irrigated with the sulpho-carbolate solution, another drop of atropia applied, and similar eye-pads adjusted with as much care as at the primal operation; and so continued from day to day until the eye is out of danger.

Is this a new operation? Some of the older writers of fifty years ago hint at the removal of the lens and its capsule, but they are not explicit enough to say that they did so. The only authority that I can find saying so positively is Richard Middlemore, who, on page 138, Vol. II., in his great work on Diseases of the Eye, published in 1835, after speaking of the removal of the lens, when the pupil is not clear on account of the thickening of the posterior capsule or the hyaloid membrane, says: "In every such instance I found it absolutely essential to the successful result of the case to lacerate the posterior capsule and hyaloid membrane, and permit the escape of a portion of the vitreous humor." Coming nearer to our own day, I must say a few words about the distinguished surgeon who left his impress upon all who wit-

nessed his wonderful skill as an operator. I have reference to the late Dr. Richard J. Levis, of this city. I have had the opportunity of examining quite a number of patients from whom cataracts were removed by this eminent surgeon. In nearly every instance the posterior capsule was evidently ruptured at the time of the primal operation. Whether this was constant practice of Dr. Levis's I am unable to say, but I am sure he realized the importance of removing the posterior capsule at the time of the original operation. Pagenstecher, of Wiesbaden, is also an advocate of removing the lens and its capsule at one sitting. Hasner, another German ophthalmologist, is an advocate of this radical operation. It has recently come to me indirectly that Dr. Knapp, of New York, is also lacerating the posterior capsule at the first operation.

Is the operation always successful? Laceration of the capsule alone does not prevent the hyaloid membrane from becoming slightly translucent. When this takes place, we may follow with a needle operation, and not provoke cyclitis by trying to tear a tough, inelastic tissue.

I have been in the habit of performing this operation in alternating cases, for ten years. In those patients upon whom the operation was performed, I had to repeat a needle or capsulotomy (scissors) in about 15 per cent. of the cases. Where it was not performed, in about 75 per cent. of the cases. In the 15 per cent. of the cases where it did not succeed, I can only attribute it to a very thick posterior capsule, the vitreous receding after closing of the eyeball, and thereby not keeping the capsule separated, but practically closing again. My experience has led me to believe that there is less danger of inflammation of the eyeball in immediate capsulotomy than in a subsequent operation.

The elder operators recognized the gravity of puncturing an eyeball with a needle, and hailed with delight the improved method which completely revolutionized statistics. My own experience is fast leading me to adopt the cutting through the cornea with keratome, and the incision of the capsule with a De Wecker's scissors, disregarding the needle altogether. With the preliminary treatment, and with the aseptic methods now employed, success is almost always assured, whilst with the treacherous needle, almost every surgeon has had reason to regret his modus operandi in more ways than one.

**WOMAN IN MEDICINE.\*** By F. W. ABEKEN, M.D., St. Louis, Mo.

Woman is not fit for the practice of medicine !

Many arguments have been advanced in contradiction of this—strong and weak arguments—the strong arguments generally with the secret stamp of masculine make on them; the weak ones—well, the weak ones without any stamp. It will be necessary to consider only the stamped ones.

All of these strong arguments may be summarized in the one based on the alleged axiom, that equal duties convey equal rights. If a man perform all the duties of a citizen, he is entitled to the right of voting and of being voted for; therefore, if a woman perform the same duties, she is entitled to the same rights. If a man have conscientiously performed the duties of a medical student, he is entitled to the privileges of a doctor of medicine; therefore, if a woman have performed the same duties, she is entitled to the same privileges. (Who does not recognize the secret stamp here, in spite of the flaw in the argument?) As far as the chain goes, every connecting link is perfect; but how about the initial link? What determines the right of the citizen or of the student to take upon himself the duties of citizenship or of study? The mere ability and offer to perform these duties cannot confer this right. Is it right to send a child to the drudgery of a factory merely because it is able to do work there? We do not give an intellectual giant a bottle of whisky and bid him protect our streets at midnight, and we do not give our burly policeman a bottle of ink and bid him burn the midnight oil; though both, by strenuous efforts, might make a creditable show at performing these duties. Such diversion of energy from its proper channel would constitute a waste of energy and be a wrong in nature's economy.

Thus man derived his right to citizenship and to the practice of medicine not merely from his ability, but from his inherent fitness for these duties, as shown by the fact that he himself has created the political and medical sciences. Have we any warrant that woman possesses such fitness? Are we assured, that to train woman for political and medical work is not a waste of energy and a sin against the laws of nature?

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\*Read before the St. Louis Medical Society, Saturday evening, May 12th, 1894.

Everything in nature is the result of the influences bearing upon it. Man's fitness, his right for the work in question, is the result of the influences bearing on him in the place which he occupies in nature. Woman's place in nature, therefore, will determine whether her "fitness," her "rights" are equal to or different from those of her brother, man.

Modern research enables us to take a broad view of the matter (it would be tiresome to here mention every time the sources of information, but they will be stated to any one who desires to investigate them).

Investigation, then, shows by the evolution of the sexual principles, by the history of woman, and by her present anatomy, the trend of her destiny and the logic of what she must do, because she is best fitted to do it, and of what she must not do, because some other agent is better fitted to do it.

Beginning in the scale of animal life, where in the course of evolution the sexes begin to differentiate we find numerous examples of female supremacy. Many female Cephalopodes carry their males, like parasites, in or on their bodies. Certain of the Cryptophialus and Alcippe, whose sexes are distinct, and of Ibla and Scalpellum, which yet are hermaphrodite, present, besides the regular male individual or organ, small so-called supplementary males, which live and love, often two or three at a time, on the inside of the shell. A most curious case of female supremacy is shown in Trichosomum Crassicandra, a parasite found in the bladder of the rat. The male of this invertebrate lives in the ovary of the female, surrounded by the ova, which he is to fructify. The female supremacy with bees, wasps and ants is a familiar fact, as the peculiar marital relations of spiders. De Geer, a conscientious philosopher of the old school, states in his Entomology that he had seen a spider of the female persuasion rudely seize her liege lord in the midst of his amatory dalliances and incontinently devour him—which, he adds, very much shocked his sensibilities and filled him with indignation.

As with insects, so with reptiles, fishes and snakes. As a rule the female individuals are larger and stronger than their mates, though the difference is here already much less than in the lower orders.

With birds, the supremacy of one sex occurs about as often as the supremacy of the other. Female birds of prey are, as a rule,

larger and stronger than their males. The female emu is stronger and more pugnacious than her consort, and leads him a "dog's life." The female Sunde-quails are masters in matters sexual, and fight with one another to a finish for the possession of a male, who placidly sits by and abides the result. On the other hand, we are all acquainted with the superior accomplishments of Drake and Chanticleer.

With mammals, either an equality of the sexes or, more often, a supremacy of the males (but not the reverse), is a rule too well known to require exemplification.

This much shows that evolution trends towards a perfection of the male for the strife and struggle for subsistence—from the nil of the worm in the rat's bladder to the majesty of the lion, the lord of his family. It also goes to show a progressive restriction of the female to the functions of breeding and rearing the young, evidently because the increasing complexity of the organisms increases the difficulties of breeding and providing, and therefore necessitates a division of labor.

In the history of the human race we can recognize an extension of the same principle.

Some of the earliest traditions of man are tales of large and powerful states, which were ruled by woman with a female soldiery, and in which man, if tolerated at all, constituted an entirely subordinate caste. The fact that some of these states did not shun an encounter with such a virile nation as the ancient Greek, and that some of their wars were considered of sufficient import to be immortalized in verse and marble by the masters of the age, is evidence of their great extent and power. We are told that a tribe of Amazons, living on the shores of the Euxine, at one time conquered all Asia and founded such great cities as Smyrna and Ephesus. We hear of an African queen, Myrina, who conquered, with female warriors, the Gorganes and the Atlantes and held their territories, Arabia and Egypt, until driven out by Hercules. Mention is made of such great woman states in the adventures of Hercules and Theseus with Hippolyte and Menalippa, of Penthesilia at Troy, of Thalestris, who traveled a great distance to procure offspring from Alexander the Great.

In legends like these, the dying echoes of life and strife at the dawn of civilization, we can recognize, though obscured by the ivy of romance, certain indications that at some time in the dim

past, a fierce struggle of the sexes took place for supremacy, which eventually resulted in the subjugation of the female. This supposition is strengthened by observations made of the habits of those contemporaneous peoples who still occupy that plane of civilization which our ancestors occupied before history recorded the doings of man.

In 1859 there existed in Central Africa a state in which, under the rule of a queen, Ginkle, all the men were held in actual slavery. The female warriors of the Ashantis and Dahomians enjoy a world-wide fame for endurance and ferocity. In Namshatka the supremacy of woman is still undisputed; and among the Afghans in India is an independent tribe, in which the women do the hunting and fighting while the men stay at home under a strong female guard—for their protection and to prevent ungentlemanly insubordination. In Bantam or Java the King is indeed a man, but he is entirely under the control of a cabinet composed of three women, and all his officers of state and at court, and his entire army, are women. The men can become only peasants and traders. The crown is hereditary, but in case of no issue 100 female electors give the succession to one of their sons. (Our most exciting political campaigns must appear tame beside one in Bantam.) Similar conditions obtain with the Morotokos in South America. With our Hurons and Cherokees inheritance descended the female line, and national life centered, not in a patriarch, but in a matriarch. Domination of the female principle will also be recognized in polyandry, which is indeed rapidly disappearing with the spread of civilization, but which, like cannibalism, was, within the memory of man, a widespread institution with the peoples of the Sandwich Islands, the Marquesas, Ceylon, Kashmir and, notably, the Jounser District of the Himalayah.

Thus, in the light which archeology and popular tradition throws on the beginning of society, and from present observations, it appears that at first, when rearing the young was a simple matter, society commenced a gynaikokracy, with the rule of woman. Subsequent history however shows that as civilization developed, and the pursuits of man became more numerous and diversified, and as consequently the rearing of the young, the preparing it for the duties of life, required more skill, woman became more and more restricted to this latter duty, while to

man fell that strife and struggle which, in the present highest state of civilization, takes the form, not only of mastering the arts and sciences as known, but of consciously, purposely developing them.

In this, her share of the world's work, woman's anatomy has developed correspondingly, so that in this development we can also trace the direction in which her faculties have hitherto developed instinctively, and in which she should now cultivate them consciously.

That the osseous and muscular system of woman may develop sufficiently for the performance of any physical labor, as well as that of man, is indisputable. In many parts of the world, in France, in Germany, and in Scotland, where the women do the same kind of work in the fields that the men do, they have become physically as strong as the latter. A government report states that in Pesth 35,000 women earn a livelihood as common laborers. But it is also indisputable that, as a rule, the Caucasian female is weaker than her male. This alone would bar woman the right of suffrage, as voting, the counting of noses, is merely a human expedient for the counting of fists, and woman would have to be prepared at all times for an appeal from the one to the other, and to put up two fists every time she casts her one vote. A more significant difference is found in the development and present state of woman's brain, when compared with that of man. The average of a large number shows the capacity of male European skulls to be 1446 cc., that of females to be 1226 cc., a difference of 220 cc. Mensuration of a large number of such brains shows the ratio of male and female brain surfaces to be as 1000 is to 878. The average weight of the male brain exceeds the average weight of the female brain 154 grams, about a teacupful in volume. The ratio of the average weights is as 100 is to 90 in favor of the male. The measurable difference in the brains of sexes in Europe is least with gypsies, gradually increasing with the French, the Laplanders, the Swedes, the Italians and the English, in the order stated, evidently with the grade of civilization, if we avoid the common mistake of considering Paris, France. (J. B. Davidson, London, authority.)

But the biggest noses do not always do the best smelling, and absolute size is not of necessity a gauge of function, otherwise the whale would be the most intelligent of animals. Therefore,

the relative size of brain to body has been investigated, with the result that, contrary to the opinion first expressed by Darwin, woman is proven to possess slightly more brain than man in proportion to body weight. But the brain is a very complex organ. In it are various motor and sensory centres, which have little or nothing to do with ideation, and upon which intelligence is not directly dependent. Comparing, therefore, in the sexes those portions of brains which localization seems to indicate as the seat of intelligence proper—that is, not the grey matter indiscriminately, but the front portions with their covering—we find that those of women are less developed than those of men, so much so that the external shape of the skull often is an index of the sex. This appears again in our universal conceptions of beauty in man and woman. A low brow, and not a very high one, is considered beautiful in woman, whereas a high brow, and not a low one, is the stamp of manhood.

Those close observers of Nature, the great sculptors of ancient Greece, represented their ideal types of female beauty as comparatively low-browed, while in the broad towering forehead of Zeus they expressed the highest order of intellect, the sublime majesty of the universe.

Comparing the brains of different races, we find the sexual difference (in brains) decrease with the degree of civilization which a race possesses, until at its lowest stage, as with the remnants of certain eventually autochthonic races in Africa, races not quite extinguished by the immigration of superior ones, the difference becomes almost imperceptible.

Woman's present anatomy, then, shows clearly that her chief duty to-day is not the pursuit of knowledge, but the breeding and the rearing of the young. This has become to-day an arduous, important task, requiring a high order of skill and intelligence, as high as that of man, but of a different kind. In order to accomplish her great task in a satisfactory manner, in order to be a not merely the household drudge and the nine-months breeder, but the nine year—yes, nineteen year—guide and the lifelong companion of man, she must make herself familiar with all his endeavors and achievements, without concentrating her efforts on any one of them, as is required for the study and exercise of politics and medicine, and reserve a concentration of her energies for that sphere which the evolution of her sex, the his-

tory of her sex, and the anatomy of her sex so clearly indicate to be her own; she must make her manifest duty her specialty. These conclusions agree with prevailing popular opinion.

There is with both sexes a general sentiment that certain pursuits of man are not fit for woman to actively enter upon; for instance, politics and medicine, though there is some controversy upon the subject. Woman's oppression in the past has been urged as an excuse for her present mental inferiority; but an excuse is not called for; it stands there simply as a fact and as an indication of her place in Nature. We have, indeed, some few examples where woman has mastered the arts and sciences of her age. But how many women have invented a new art or a new science? Woman cannot even invent new fashions for herself; man must do it for her. A woman will certainly remain a woman if she break rocks, read law, or kill herself sewing shirts. But will she attain the perfection of womanhood more readily in the pursuits of man than in those Nature has intended her for? It is contended that woman may do something better than breed and rear the young. But even granting she can, and supposing she does, who is to do the breeding in that case? Man? There are on earth no more superfluous women than men. The numerical difference of the sexes is very small. Every Jack has his Jill. If every woman would become the intelligent helpmate of some man, the intelligent mother of children, she could not and would not wish to become anything else. Moreover, there would be an end to that most pestiferous form of polyandry, the social evil of to-day.

In this vein some controversy is going on, but the general sentiment remains as stated. This sentiment is that, though woman *can* speak from the hustings, and *can* jostle to the ballot box, though she *can* memorize anatomy, *can*—like some men—prescribe medicines of which she knows little, for diseases of which she knows less, and still look wise; though she *can* catch a spouting artery and remove diseased and healthy ovaries (it takes no more time and effort to master the mere technique of surgery than to acquire the mere skill of a blacksmith or a milliner); that though she *can* do all this, she *may* not do it, because she seems still to lack something to mark successes in such undertakings. Closer scrutiny reveals that she lacks, at least, that one essential faculty, that mental momentum, that inexorable

devotion to logic, that inventive power, which is necessary to prevent the sciences from becoming mere codes of dogmas and to render them as truly progressive as they should be.

The causes of this modern craze, to push woman out of her proper sphere into that of man, need only be understood to perceive that this movement is indeed a craze and not a legitimate step in evolution. It is a symptom of a morbid condition of society. Every age is apt to believe itself the end of one and the beginning of another epoch. But, guarding against this error, there is to-day apparent a general, international unrest of the masses, which seems to forebode an epochal upheaval, an epochal shaking up of the long-established order of things—not mere Coxeyism, not a mere civil war, nor a war between two nations, but a cataclysm like that which twice swept away a world's empire at Rome.

Various causes—a defective system in producing, the “grab as grab can” principle in the distribution of the wealth of nations—have brought to pass a concentration of the economic forces of the money power, which, in the hands of a few, threatens to become more tyrannical, because more secret and less easily understood, than ever was the concentration of political power in the hands of a Caesar or a Louis XIV. Like every other disobedience of the laws of Nature, this one also has engendered its own penalty and has developed a pestilence which punishes alike the guilt of commission in the few and the guilt of omission in the many. This modern pestilence, commercialism, threatens to blight the noblest aspirations of man, to pervert high-minded ambition to grasping greed, the healthy emulation of man to advance himself with his race to a sordid tussle for bread and wealth; in which man has become pitted not alone against man, but in which man is forced into an unnatural competition with the inanimate creation of his own ingenuity, machinery, with the labor of his own children and with the labor of woman—his mother, his wife, his sisters and his daughters.

This is evidently the cause, but certainly not the justification, of woman appearing in the world's arena for men.

There is only one code of just laws—it is the book of Nature. Whenever man, whether as statesman, though inspired by sincere patriotism, whether as prophet, though sincerely convinced of his inspiration by some divinity, formulates laws which do not

correctly interpret the laws of Nature, injury has ever resulted in direct proportion to the error made. Therefore let us, especially the doctors, the teachers of health and happiness, carefully study the laws of Nature before we translate them into the human terms of laws and customs, and if we do this we shall read that the path of woman is parallel, but not the same as that of man; that woman is, indeed, the equal of man so far as the order of her gifts and the importance of her duties are concerned, but that her gifts and duties are not the same as those of man; that the efforts of woman are perfectly justifiable to make herself economically independent of man, so that she need not marry a man nor be compelled to persist in a mistake she may have made in the selection of a mate, for her food; but that the pursuits open for woman for this purpose are not those which require a life's devotion, which, like the practice of medicine, require study to become the chief occupation, but those which she may readily quit or resume as the vicissitudes of life divert her or not from her chief duty in Nature, the guardianship of the future of our race. We shall read that woman is fit to bear in her womb, to nurse at her breasts, to teach at her knee, and to comfort in her home this promise of the future, because she is most fitted by Nature to do so; but we shall also read, that woman is not fit, because not most fitted, for the elaboration of the arts and the enlargement of the sciences, though she is entitled to the blessings of both; that woman is not fit for the dangerous experiments necessary to perfect "the art of living together without fighting"—not fit for politics; and that, for the same reason, though there may be money in it, woman is not fit for the practice of medicine.

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#### WOMAN IN MEDICINE.\* † By C. H. HUGHES, M. D., St. Louis.

I had hoped that the lady member of this society, or some one who advocated the admission of the lady member to fellowship, would have replied to Dr. Abeken's violent and rather ungallant attack on "Woman in Medicine," made at a previous meeting. But for this expectation, and the manifest desire of the society

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\*A reply to the paper of F. W. Abeken, M.D., read before the St. Louis Medical Society May 12th, 1894.

†Read before the St. Louis Medical Society, Saturday evening, May 26th, 1894.

to see the lengthy programme of that meeting, with its usual pickled ovaries, ruled as perishable by the chair, rushed through, and the evident impatience of the society for more ovaries, I should not have sat like Saul of Tarsus and consented to this unrighteous stoning of the sex to professional death.

I never voted for the admission of women into this society. It is sometimes indelicate and embarrassing to have a woman always present in medical society discussions; but I believe in woman's right to enter and labor in the profession; nay, that it is her duty to assume certain of its duties, as far more befitting woman than man.

Woman's equality or inequality of intellect compared with that of man is not a question to be considered. The question is rather one of fitness. Woman has intellect enough and courage enough, as shown in her history, to fittingly fill and adorn more places in the world's work than she now occupies. Her sentiment, her sympathy, her delicacy and tact are superior to man's, and her attributes of mind are not always comparable to his, because they are different.

If intellectual power over that of woman was an absolute essential to one engaged in the practice of medicine there would be but few masculine physicians.

As to the propriety of woman attempting all departments of medicine there may be a question; but as to her capacity, if she should will it, I think there is no question. Many of the arts in which women excel require skill of the highest order, and it would be as logical to say, man is not as capable as woman because he is not her equal in the arts in which she is especially skilled, as to pronounce her unfit for a vocation in which she has not been thoroughly tried. Woman's sense of duty and love towards her offspring, her physical and periodical physiological disabilities, have kept her out of the dangerous paths of war and the demands of the chase and hunt, but not her lack of bravery or capacity for acquiring skill.

As mankind has emerged from the savage state, man's consideration for woman's physical embarrassments, her willingness and preference to prepare food for both while he went in pursuit of it, and the growing demand on man, have compelled him to recognize her as his helpmate and to have consideration for her superior fitness for certain duties necessary to the common weal of both.

Woman's physical embarrassment and inferiority in contests of strength accounts for her appearance of subordination to man in the savage state. If her "big injun" husband refused to carry the papoose, her instinctive love of her offspring compelled her to submit, and her instinctive mother-love compelled her to nourish it; but the ingenious devices employed by woman from the savage state to that of our highest civilization, to wrest from man, her physical lord and master, co-equal comforts for herself and offspring, prove anything but intellectual inferiority. Physically at the mercy of man's superior strength, and handicapped by physiological embarrassments from which nature has exempted man, she, nevertheless, has secured and maintained her social equality with man, and even secured his acquiescence in her supremacy in certain directions, by tact and moral suasion which come of her mental endowments. What force is there in the argument, that because the area of woman's cerebrum is a little smaller than man's, which grows out of the manner in which occupations are divided, that woman is therefore not entitled to equal rights with man to choose her occupation. Some investigators have maintained that woman's cerebrum is larger in proportion to her frame than man's is to his frame; and that the cerebellum of woman is not only relatively but actually larger than the cerebrum. Even Sir James Crichton Brown, who claims from his investigations that the brains of women are relatively smaller than those of men, and essentially different in structure, has shown that the vertebral arteries are larger in women than they are in men in proportion to the carotids; and we may concede the claim of Debière, that her brain is four per cent. smaller than that of man considering relative height and weight. Yet the cerebellum, in which she excels, makes character, and character makes the man or woman. The dominating and even trophic influence of the cerebellum over the neuro-muscular system has been lately shown by Luciani (1891. *Alienist and Neurologist*, No. 13, p. 454, *et seq.*), and he has revived the doctrine of the great Turin anatomist, Luigi Rolando, who recognized a certain analogy between the voltaic pile and the lamellated structure of the cerebellum, considered it as "the motor of the animal machine." And in this connection it will be remembered that Flourens, who succeeded Rolando, in securing the attention of the physiological world, regarded it as the regulator of the more complex movements; and Magedia considered it as an organ equili-

bration. I suppose that accounts for the power of woman to keep her male companion in the straight path so much better than he does for himself, why she is a balance wheel to so many of us, and why we yield so gracefully to her sway.

Woman has her peculiarities, mental, moral and physical, and we men are all thankful for her peculiarities; and while some of her peculiarities make comparisons odious and impossible, they are not marks of inferiority. She is not therefore inferior. Some of her qualities are possibly superior to those of man.

The manner in which through the centuries the faculties of woman and man have been exercised, the differentiation of duties and the specialization of occupations, have made differences of skill markedly apparent and comparisons impossible. The duties of the office and the household are both difficult and intricate each to the other sex, and cannot well be compared. The culinary art and the counting house have both their mysteries and respective excellencies growing out of skilled management. Woman plays her part well wherever she has chosen to be cast, whether on the stage of the theatre or in the drama of life.

If we appeal to the battle fields of life, we find among its heroes the Boadiceas, the Joan d'Arcs, and Charlotte Cordays; among its statesmen the Madame de Staels and Maintenons; among its philanthropists the Florence Nightingales and Dorothea Dix's; among its physicians the Mary Jacobi's, among accoucheurs the greatest authority of her day in France.

But why attempt to enumerate the heroes of the sex noted in historic pages, whose number, far out of all proportion to their public opportunity for fame and great duty, is transcended by a multitude which no man can number of the silent heroines of the home, where only living is life, and the soul in this world is happy where the characters of the good and the great, and the brains of statesmen, scientists, poets and heroes are builded and formed, for the weal of the world, under her plastic, gentle hand and skillful ministrations—she whose heart has never wearied and whose hand has never palsied, so long as the brain has held its physiological sway, is well doing works of good for men. While man has striven for fame and glory under the stimulus of ambition, woman has been content in the silent sanctity of home, to train man and woman for great and noble deeds, to mould his character by the persuasive methods and enduring, developing influences of the nursery and the later influences of the home,

where men's characters are made by means often forgotten in after life, and minds are moulded in models that afterward mark great epochs in the history of mankind. Truly it was no false promise without fruition that she was made as a helpmate for man.

There is an organic and physiological weakness in woman that makes successful single-handed physical combat with man often a physical impossibility. But this weakness is her greatest moral strength with man. It has led one of the noblest of our kind to say: "He that should lay hand upon a woman save in kindness, is a wretch, whom it were base flattery to call a coward." That other poet, if I may so call him, who sarcastically sang of woman:

"In our hour of care,  
Uncertain, coy and hard to please,"

knew nothing of the real nature of the sex. If he had, he could not have made this ungenerous fling, whose justification, if any, could only be found in examples of the hysterical diathesis or in the psychopathically unstable. But even this poet is compelled to say of woman:

"When pain and anguish wring the brow,  
A ministering angel thou."

He believed in woman doctors, probably of the heart's-ease and mind-healing kind.

Dr. Abeken's appeal to the habits of savage life and the lower animal kingdom for analogical proofs is *mal apropos*; but if it were germane to the subject, his reference to polyandry was unfortunate, for polyandry proves the mastery of woman over man, if it proves anything at all, despite his physical advantages, far more than polyandry proves the superiority of man over woman.

But any natural history argument that might be adduced to prove woman's unfitness for equality with man in most of the avocations of life, is overthrown by the one all-sufficient reference to the queen ant and the dominion she exerts over and the homage she receives from her tribe, as well as her usefulness and fecundity. Nature has made her the life of the eminent species. A similar argument might be drawn from the life and characteristics of the queen bee. So I say in answer to the ungallant sluggard of the sex: "Go to the ant, thou sluggard! Consider her ways and be wise."

My experience with the sex is, that they are fully able to take

care of themselves in any contest but a fist fight; and the Amazons and Mollie Starks of history remind us that, even in battle, woman's prowess is not to be despised. There is really no good anatomical reason why women should not make athletes as well as men, under proper physical training. What she may lack in shoulder she makes up in pelvic base. She would be developed into an athlete or gymnast of a different kind perhaps, but something just as good, just as she is developing mentally, *pari passu*, with her mate. Woman was intended to be a match, and help, and mate for man. She is fast learning the want of her subordination, and with this knowledge fully acquired, she will secure her right to every means of maintainance she is capable of employing, and to every position she may competently and properly fill. She is as well fitted, under proper training, to prescribe for, as she is to treat, the sick, especially in all the ills peculiar to her sex and her offspring; and she will constantly in the coming years checkmate man in every attempt to deny her this privilege, but whether she will choose to exercise it alone or in its entirety is another question. I think not.

Woman likes to have man around in many of her undertakings. She was not satisfied to eat the apple in the garden alone, but when she thought she had found something good, she called Adam to share it with her; and, though she got him into trouble, he stood by her, put on his clothes, shared her shame and misfortune, went out with her and became her consultant ever after, just as he will continue to do when women get numerously into the profession. They will do most of the practice and we will stand by them in the day of their trouble and be their faithful, loving consultants. There is no use in opposing this movement. The women have a right to be doctors, and they have the ability if they choose to exercise it in this direction. They possess the diplomacy, if not the physical power, to carry their point, and they will carry it wherever they may choose to exercise it.

When a woman will, she will;  
You may depend on't.  
And when she won't, she won't;  
And that's the end on't.

Gentlemen, there is no use in trying to argue woman out of her rights; she has us in the argument. If she wants to practice medicine, she will do it; and if she wants to, she will suffer at the polls.

## Clinical Reports from Private Practice.

### ANEURISMAL VARIX INVOLVING FEMORAL ARTERY AND VEIN.

By A. L. BENEDICT, A.M., M.D., Buffalo.

Several months ago I was called to attend a young woman for a trivial medical affection. The patient referred incidentally to a gun-shot wound of the thigh nine months previously, which had nearly caused death from hemorrhage, and which had been followed by some discomfort in walking. On examination, the cicatrix was found in the femoral line in Scarpa's triangle, and a marked purring bruit was felt and heard near the origin of the profunda femoris. It would scarcely be correct to say that a tumor was palpable, but the thrill seemed to indicate an aneurism about the size of a cherry. The lateral expansion was plainly felt. Allowing that the thrill would be carried downward by the arterial current, it was thought that the aneurism was somewhat higher than the point of greatest intensity of the bruit as determined by the stethoscope. Operation was advised, and performed as soon as practicable, with the assistance of Drs. Lehman and Cullinane.

On making the usual incision, after carefully preparing the field of operation, an aneurismal varix was found, the tumor being mainly of venous wall and just below the origin of the profunda, the allowance for the downward conduction of the sound being incorrect. The tumor was of the size estimated. It bore on the anterior surface a blister-like protuberance through which rupture was imminent. The femoral artery was ligated above the profunda in order to avoid degenerated tissues. From the sac below issued the continuation of the femoral artery and a good-sized muscular branch. The latter was tied first, and, in attempting to loosen the femoral from its connections the sac was slightly torn, allowing a considerable hemorrhage, apparently of mixed arterial and venous blood. Pressure was made on the abdominal aorta, and an elastic bandage passed around the thigh below to check the returning venous blood. It was necessary, however, to grasp the sac with a hemostat. The femoral was then tied. These three arterial ligatures were of sterilized silk-worm-gut. Thinking that the arterial blood might come from the femoral above, a cat-gut ligature was added below

[July,

the source of the profunda, cat-gut being preferred as less likely to cut through a brittle artery wall. Attention was then given to the femoral vein, which was tied with cat-gut above and below the sac. During this process the hemostat was removed from the sac and a copious hemorrhage followed, which was not checked till the pressure of the forceps was restored. All visible vessels communicating with the sac having now been tied, the arterial pulse being stopped, I took off the hemostat, expecting to remove the sac and close the wound without further trouble. There ensued a terrific venous hemorrhage, overflowing the wound, and actually wetting the floor and about the table. Groping with both hands in the wound, I caught the femoral vein between the thumb and forefinger, above and below the sac, thinking that ligation must have been defective in some way. But the appalling hemorrhage continued, and was finally checked when the patient seemed to be at the point of death, by grasping the sac itself, first with the thumb and finger, then with a hemostat. This was by no means an easy manoeuvre at the bottom of a trough filled with blood. The hemorrhage was providentially checked, but the patient's condition did not warrant a search for the hidden vein which must have communicated with the sac, for I was now assured that the vessels which one would expect to find in this location were all securely tied. The hemostat was, therefore, left in place, and the wound was packed with bichloride gauze, building it up in a ring around the handles of the hemostat, so that they could not be moved by any pressure on the dressing. An external pad of cotton was quickly bound on and the patient was put into bed with the foot elevated. Heaters were liberally bestowed about her body, and a hot saline enema was given. The respiration being impeded by a tonic spasm of the jaw, I hastily endeavored to separate the teeth with my fingers, and received a bite which, however painful, was a welcome indication that considerable vitality remained. The patient came out of the ether anesthesia fairly well, but was very weak.

Dr. John Parmenter very kindly saw her in consultation a few hours later, and concurred in the opinion that the application of the hemostat was a wise procedure, under the circumstances. He also thought it best to leave it in place until a coagulum had formed, without trying to find and ligate the bleeding vein.

Two days afterward the hemostat was removed in Dr. Parmenter's presence, without accident, the patient being in a very favorable condition. Before and for several days after the removal of the forceps, the utmost pains were taken to prevent movement of the leg; the patient was constantly watched, even when asleep, and the urine was drawn by catheter. At the end of a week these precautions were relaxed, and the wound was allowed to close by granulation under an antiseptic dressing of zinc oxide powder and bichloride gauze, renewed every two or three days. There was a very little suppuration due to the slipping of the bandage in spite of the most careful application and stitching. As a matter of physiological interest, it may be stated that in two days during which the hemostat was in place, a bridge of granulations was formed across it. No edema or marked coldness of the limb occurred at any time. This fact, as well as the development of a good-sized vein at a point where none of any anatomical importance is situated, was doubtless due to the establishment of collateral circulation during the nine months in which the femoral circulation was interfered with.

When last seen the cure was complete.

The question naturally arises: Could the diagnosis of aneurismal varix have been made before the operation? Traumatism is a diagnostic point in the same sense that left-sided lesion is in the diagnosis between cerebral embolism and apoplexy. In any particular case, the fact that the majority of arterio-venous aneurisms are of traumatic origin, is of little aid in determining months after the injury just what tissues have been injured. The lateral expansion was moderately marked. It is possible that the intensity of the purr would have led a carefully-trained ear to a positive diagnosis, but such training is with difficulty acquired, and it cannot be transmitted by descriptive teaching. Against the diagnosis of aneurismal varix was the fact that the thrill was carried a considerable distance down the femoral artery and not very distinctly upward along the comparatively superficial course of the femoral vein. It was not considered advisable to try experiments designed to increase the tension in the sac, and the operation showed that such a test might have proved disastrous. The operation, therefore, was undertaken with no opinion as to whether or not the vein participated in the dilatation.

## Editorial Department.

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### The Earlier Editors of the St. Louis Medical and Surgical Journal.

JOHN B. KEBER, A.M., M.D.

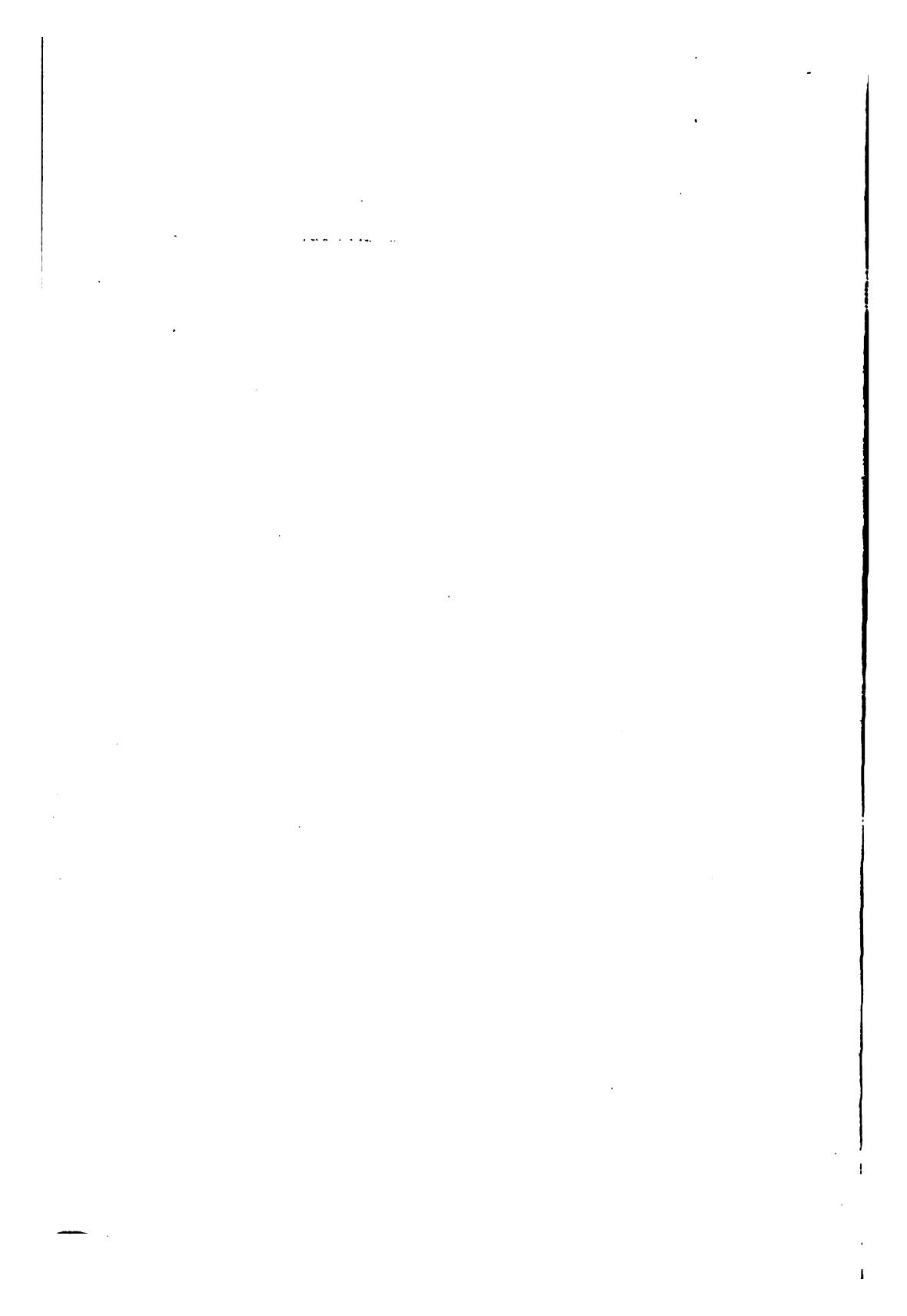
The subject of this sketch was born in St. Louis, May 16th, 1862. He attended the St. Louis University and graduated with the degree of A.B. in 1880, receiving the degree of A.M. from his *Alma Mater* in 1888. He entered the St. Louis Medical College in the fall of 1880, and graduated in 1883.

After engaging in general practice for a few years he visited Europe, and spent four years in attending lectures and clinics at Strasburg, Heidelberg, Prague, Berlin, Vienna and Paris. Soon after beginning his studies at the European centers of medical learning he concluded to confine himself to his present specialty, and placed himself under the best teachers in Berlin, Vienna and Paris.

Shortly after returning from Europe he was elected to the Professorship of Diseases of the Skin and Syphilis in the Beaumont Medical College, which chair he still occupies, and in addition is Secretary and Treasurer of the College.



JOHN B. KEBER, A.M., M.D.



Among his many additional titles may be mentioned those of Consulting Dermatologist to the Alexian Brothers' Hospital, Dermatologist to St. Mary's Infirmary, and to the Missouri Pacific Railway Company.

In October, 1883, he became assistant editor of THE ST. LOUIS MEDICAL AND SURGICAL JOURNAL, and continued active until his departure for Europe, two years later. While in Europe Prof. Keber wrote some very interesting letters on the progress of Dermatology. He is one of the progressive Dermatologists of St. Louis, a careful worker and a hard student. While he has not written much since his return from Europe, he will soon again take up his pen and our readers will hear from him. He is known as a careful and painstaking clinician, and has earned for himself a well-deserved reputation in his specialty. He is one of the representatives of the progressive portion of the medical profession, and most deservedly so.

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**Anatomical Accidents.**—He kissed her passionately upon her reappearance.—*Jefferson Souvenir*.

She whipped him upon his return.—*Burlington Hawkeye*.

He kissed her back.—*Atlanta Constitution*.

She seated herself upon his entering.—*Albia Democrat*.

We thought she sat down upon her being asked.—*Saturday Gossip*.

She fainted upon his departure.—*Lynn Union*.

He kicked the tramp upon his sitting down.—*American Pharmacist*.

We feel compelled to refer to the poor woman who was shot in the oil regions.—*Medical World*.

And why not drop a tear for the man who was fatally stabbed in the rotunda, and for him who was kicked on the highway.—*Medical Age*.

Why not mention the fact of a man being shot in the water works?—*California Medical Journal*.

How about the woman who was hurt in the fracas?—*Railway Age*.

A Chicago foot pad was shot in the tunnel.—*Western Medical Reporter*.

And the young lady whose feelings were hurt.

## Dermatology and Genito-Urinary Diseases.

**On Resorbine and its Use as a Basis for Unguents.**—Dr. R. Ledermann (*Allgemeine med. Centr. Zeitung*) says that resorbine, which is composed of almond oil, wax, water, and other harmless substances, is readily miscible with all vegetable, mineral, and animal fats, and may, by the addition of these substances, be reduced to any consistency required. Its chief property, from a therapeutic point of view, is the great readiness with which it penetrates the epidermis. Small quantities when rubbed in literally disappear from view, leaving only an infinitesimal fatty residue on the skin. The latter is rendered pliable, and remains for hours more elastic than usual. There is no sensation of greasiness; it is cooling, eases itching, and is antiphlogistic in its action. The following, according to Dr. Ledermann, are the indications for the employment of resorbin:

1. In all dermatoses in which it is desirable to introduce an excess of fat into the skin (ichthyosis, pityriasis, psoriasis, eczema, scleroderma), and also as an emollient when the hands have been irritated by the action of carbolic acid.
2. To facilitate the introduction of drugs into the skin, such as chrysarobin, tar, naphthol, balsam of peru; a firm occlusive bandage is unnecessary.
3. To bring about an absorption of drugs into the body through the skin; for mercurial inunction only a small quantity to be applied at a time.

**On Porrigo as an Example of Surface Contagion.**—In this article, which is part of a post-graduate lecture delivered by Mr. Hutchinson (*Archives of Surgery*), the condition known as porrigo (the impetigo contagiosa of modern text-books) is considered. Leaving aside the tineas, which are proved to be of cryptogamic origin, and which spread by contagion and contagion only, the author refers to porrigo as originating under three conditions. Cases which commence by inoculation from a scratch which has festered; those which occur in connection with pediculosis capitis; and lastly, those which arise in connection with contaminated pus from vaccine lesions. In none of these cases is the condition necessarily limited to the patient on whom the original lesions developed, but it may spread from patient to patient; and Hutchinson relates interesting details connected

with an epidemic of this affection occurring in a workhouse and originating in a recently vaccinated infant, from whom it spread to other children, nurses, and mothers. Another epidemic is referred to which followed in the train of a nursing sisterhood, the members of which had been exposed to contagion.

The rapid disappearance under certain remedies (ung. hyd. ammon.), 'the heaped up character of the crusts without any general redness of the surface, are points in the differential diagnosis between porrigo and eczema.

**Buboës following Pediculosis Pubis.**—R. Knefting reports a curious case of the above in *Norsk Magazin for Lægevidenskaben*. A young man, æt. twenty-three years, was attacked by fluctuating buboës in both groins. He presented no signs of primary syphilis, gonorrhœa, balanitis. An examination revealed the existence of an enormous number of pediculi, which had given rise to an exematous state of the skin above the symphysis pubis. From the bubo on the right side a small quantity of pus was extracted by means of a Pravaz syringe, but no micro-organisms were discovered, either under the microscope or by culture and inoculation. The leucocytes were stained with difficulty—a sure sign of degeneration. The buboës ran a course similar to that of non-virulent buboës following soft chancres, and were accompanied by modified inflammatory phenomena. The pus they contained was of a greyish color, being thereby distinguishable from the chocolate-colored (sanguinolent) pus of virulent buboës, and from the yellowish-green pus of an ordinary abscess. It is hard to say what causes led to this glandular suppuration. Was it due to absorption of the excreta produced by the multitude of pediculi? Or was it a sequent to the irritation of the skin over the symphysis originated by these parasites (*Prov. Med. Jour.*)? Could it have been owing to the invasion of microbes not yet recognizable by ordinary methods of investigation? (!) As happens in the non-virulent buboës of soft chancres a compress bandage caused the absorption of the greater part of the pus in this case.

**Menthol and Ichthyol in Urticaria.**—A couple of months ago Dr. Singer published (*Wiener Klinische Wochenschrift*) a very interesting paper, in which he argues that "idiopathic" nettle-rash, in common with certain forms of *acne vulgaris* and

*pruritus senilis*, belongs to a group of skin-diseases due to gastro-intestinal disturbances accompanied by an excessive formation of putrefaction products in the bowels. As the best method of treatment in such cases the author recommends the internal administration of menthol in gelatine capsules, 0.1 grammie from six to eight times a day. Referring to Dr. Singer's paper, Dr. Lanz, of Laupen, writes in the *Correspondenz-Blatt fuer Schreizer Aerzte*, May 1, 1894, p. 280, that when recently suffering from one of his violent attacks of nettle-rash, which are invariably caused by some gastro-intestinal troubles (usually by the ingestion of effervescent beverages), he followed Dr. Singer's recommendation, and tried menthol in powder, in 0.2 grammie doses, just after meals. In all three doses where swallowed during the day, with the result that each time the itching shortly somewhat subsided, but then gradually became again as severe as ever. In addition, during the following night the writer suffered from such unpleasant effects of menthol, as nausea and "sensation of a big lump of ice in the stomach (*das Gefuehl, als ob im Magen ein grosser Klumpen Eis laege*)."<sup>1</sup> In view of the experience he gave up the remedy, and on the next morning, when the itching returned and attained an agonising degree ("Zum Rusendiccerden"), he took 0.2 grammie of ichthyol in a capsule. In less than half an hour "the urticaria vanished as if blown away (*wie wegblasen*) and never returned."

**Eruptions from Bromides and Iodides.**—Crocker says (*British Medical Journal*) that drug eruptions, though not common, assume importance from the fact that they are likely to be mistaken for other more serious affections, as variolasyphilis, scarlatina, etc.

"Various forms of eruptions may be excited by drugs, but only the pigmentation produced by arsenic or nitrate of silver, and the eruptions excited by bromine and iodine and their respective salts, produce a distinctive form of eruption; all the rest belong to recognized types, and the diagnosis can in these cases only be made by a knowledge of the circumstances under which they appeared."

Conglomerate, bullous, and pustular eruptions are the only lesions which are characteristic of bromide eruptions, and these are closely simulated by those produced by iodide. The other

lesions produced by bromide—the erythematous, squamous, pustular, and urticarial—are common to many other drugs.

The discrete pustular eruption is common, but the conglomerate or confluent type is rare and important. "It consists of a raised, bright red vascular plateau, soft to the touch, in which there is a close aggregation of pins'-head-sized pustular points. The whole lesion varies from a threepenny piece to a shilling in area, but it is sometimes larger from aggregation." The appearance is not unlike that of a carbuncle. The lesion is situated almost entirely in the papillary layer of the skin.

Bullous eruptions, which are rare as the result of bromide ingestion, are not uncommon from iodide of potassium. The lesions, though they have all the appearances of bullæ, are in reality more solid than liquid, and are produced by a copious cell exudation pushing up the epidermis as a whole.

Heart disease and defective kidney elimination are the conditions under which the eruption is most liable to occur. As for treatment, the drug, of course, must be stopped immediately; diluent drinks should be freely given to produce diuresis. Give arsenic internally, and use antiseptic dressings externally.

O-D.

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**Magistracy, Medicine and Malingering.**—The special usefulness of a medical magistrate is reported from England. A workhouse inmate was arraigned before a medical J. P., charged with refusing to work, to which he pleaded that he was a victim of heart disease, whereupon the magistrate promptly descended from the bench, produced a stethoscope, auscultated the culprit, and re-ascending the throne of justice, sent him "up" for seven days for malingering.

**New Officers of the American Medical Association.**—At the meeting recently held in San Francisco, the following officers were elected: President, Dr. Donald Maclean, Michigan; Vice-President, Dr. T. C. Doring, Ohio; Treasurer, Dr. Newman, Illinois; Secretary, Dr. Wm. B. Atkinson, Pennsylvania; Assistant Secretary, Dr. H. B. Ellis, California; Librarian, Dr. G. E. Webster, Illinois; Editor of *Journal*, Dr. J. B. Hamilton, Illinois. Next place of meeting, Baltimore, Md.

### Excerpts from Russian, Polish and Bulgarian Literature.

#### A New Method for the Detection of Tubercle-Bacilli.—

In the Polish *Gazeta Lekarska*, No. 7, 1894, p. 183, Dr. Seweryn Sterling, of Tomaszow, Russian Poland, highly eulogizes the following plan of the demonstration of tubercle microbes in the sputa, which has been recently published by Dr. Van Ketel in the *Archiv fuer Hygiene* (Vol. xv., p. 109, *et seq.*): Take a vial (or still better, a high cylindrical glass, with a glass stopper) measuring 100 cub. cc. and pour into it 10 cub. cc. of water, 6 cub. cc. of carbolic acid, and from 10 to 15 cub. cc. of the sputa in question. Then shake the well-stoppered vessel energetically until its contents have assumed a homogeneous milky appearance, after which add water *q. s.* to fill up the glass. Shake it well again, then pour out the whole into a wine glass and leave alone for from 12 to 24 hours. The deposit which has settled down at the glass's bottom by the end of that period should be now thoroughly spread over a cover glass (either by means of rubbing between two slides, or simply by means of a platinum needle). Then the thin layer on the slide dried and passed through the flame, afterwards washed in Hoffmann's drops, and ultimately stained after Ziehl-Neelsen's method (or after Czaplewski's plan, which includes the use of fuchsin and fluerestein-methylene-blue, and simultaneously stains all sorts of microbes as happen to be present in the discharge examined). The advantages claimed by the writer for Van Ketel's method (somewhat modified by himself) are these:

1. The method is simple, easy, cheap, and accessible for every general practitioner [which cannot be said with regard to another new method that has been a few years ago introduced by Dr. Ilkevitch; the plan appears to be valuable, but, unfortunately, involves the use of a centrifuge. *Vide* the *Vratch*, No. 39, 1892, p. 976; and the *British Medical Journal Epitome*, 1894, April 21, p. 64, No. 331].
2. The procedure does not expose the examining practitioner to any danger of contracting the infection.
3. It secures most satisfactory microscopical specimens in all technical regards. As a matter of fact, the procedure enables

us to unmistakably demonstrate the presence of tubercle-rods in such cases where all other methods in vogue (except the just mentioned Ilkevitch's centrifuge) fail to detect the microbes.

4. The method also enables us to simultaneously demonstrate the presence of elastic fibres in the sputum.

5. The same procedure can be similarly, successfully, and conveniently resorted to for the demonstration of tubercle microbes in milk, urine, feces, etc., in fact, in any secretions or excretions.

[Some new methods of staining the bacilli in the sputa may be found in the SAINT LOUIS MEDICAL AND SURGICAL JOURNAL, September, 1893, p. 177.]

**Snuff-Tobacco as a Remedy Against Hiccough.**—In the *Vratch*, No. 14, 1894, p. 423, Dr. G. Tatesoff, of Vozdvijenskaia Sloboda, Caucasian Russia, draws attention to excellent services which may be obtained from the ordinary snuff-tobacco as a means for cutting short hiccough. He relates an instructive case of a patient with some chronic chest disease, accompanied by violent cough attacks, in whom the latter used to be followed by extremely obstinate hiccough. The common remedies (including cocaine) failing to exercise any controlling influence on the most distressing symptom, Dr. Tatevosoff at last decided to give a trial to the said old-fashion popular means, making the patient on each occasion thoroughly snuff into his nose a pinchful of the powder until the appearance of a lively sneezing. From the first séance "the effect was truly brilliant, the hiccough subsiding as if by magic." Under the influence of the simple remedy the attacks steadily became milder and ultimately vanished altogether, though the patient's cough remained as intractable as ever.

**Bulgarian Jottings.**—As we gather from the St. Petersburg *Vratch*, No. 13, 1894, p. 399, the first issue of a new medical journal has just appeared in Lovetch, Bulgaria. It is written in Bulgarian tongue and bears the title: "*Meditzina. Mesetchno Naütchno Meditzinsko Spisanië* (Medicine: Scientific Medical Monthly Journal)." The editors and publishers are Drs. Orakhovatz and Vateff. According to Prof. V. A. Manasseïn, the illustrious editor of the *Vratch* and one of the leaders of the Russian medical profession, the new-born contemporary "prom-

ises to be a serious and useful publication." We fraternally bid welcome to the new-comer, and send the Bulgarian *confrères* our cordial wishes of best success and long life. The reporter hopes that he will be able to offer a couple of abstracts from the Balcan *Meditzina* in the next number of the SAINT LOUIS MEDICAL AND SURGICAL JOURNAL.

The February issue of the Sophia illustrated monthly *Svetlina* (Light) contains a well-made portrait of Dr. Anastasia Golovina, a Russian lady physician, who has been appointed the superintendent to the recently opened *Petropavlovskata Psikhiatritch-eska Bolnitsa* (St. Peter and Paul's Hospital for Mental Disease)—the first asylum received by young Bulgaria. In the same issue of the Bulgarian *Graphic* there may be found an interesting biography and portrait of the late Dr. Stoian Tchomakoff, an eminent Bulgarian physician and statesman, who, in 1887, held the portfolio of Ministry of Public Instruction, while subsequently he was member of the *Sobranië* (Bulgarian Parliament).

**On the Treatment of Erysipelas by Chlorphenols and Bromphenols.**—Dr. Ivan A. Tchürlöff, of St. Petersburg, has tried (*Meditzinskoë Obozrenië*, No. 3, 1894, p. 287) orto-chlorphenols ( $C_6 N_4 Cl. OH$ ), para-chlorphenol (the same formula), and orto-bromphenol ( $C_6 N_4 Br. OH$ ) in twenty-five successive cases of erysipelas. The substances were invariably employed in the shape of vaseline ointments (varying in strength from one to three per cent.) which were rubbed into the affected parts twice daily. In none of the cases were any other medicaments used; in fact, the salve constituted the only therapeutical means resorted to from the beginning to the end. In six cases of the series the morbid process was cut short on the second day of the treatment; in eight cases, on the third day; in three, on the fourth; in two, on the sixth; in four, on the seventh; and in two, on the eighth. The latter two patients were suffering from bullous erysipelas of the head and face with severe constitutional symptoms. The affection always ran its course without any complications and terminated in a complete recovery.

All the three drugs (supplied by Dr. Neyden's chemical works near Dresden) are said to be free from any irritant local effects. In general, Dr. Tchürlöff is satisfied with the results obtained.

**Pyoktanin in Cancer of the Stomach.**—Dr. Maibaum, of Dorpat (Yuriev), details (*Meditzinskaia Beseda of Voronezh*, Nos. 7 and 8, 1894, p. 211) three cases of advanced *carcinoma ventriculi*, in which a striking amelioration in the patient's condition took place under the influence of methyl-violet. In two of the cases the remedy was administered internally (in pills), 1 grain (with  $\frac{1}{2}$  grain of extract of belladonna), three times a day, after meals. In the third patient the pills intensified nausea, in view of which they were substituted for by rectal suppositories, prescribed after this formula:

R	Pyoctanini .....	gr. j. (0.06 grammes)
	Extracts belladonnae.....	gr. $\frac{1}{3}$ . (0.02)
	Butyri cacao.....	3ss. (2.0)

F. Supp. d.t.d. No. 8. Sig. To insert a piece into the rectum thrice a day.

In every one of the cases a general and steady betterment set in a few days after the commencement of the treatment; nausea, vomiting, eructations, and heartburn decreased and then vanished altogether; appétite and sleep returned; the general subjective state markedly improved; the general strength and bodily weight increased, etc.

Dr. Maibaum adds that pyoctanin was found by him similarly useful in several other cases of visceral malignant disease. On the whole, while being very far from regarding the remedy as a specific against cancers, he feels sure that pyoctanin decidedly arrests the new growth's disintegration, improves the digestion and general condition, and generally exercises a favorable influence on the whole organism suffering from cancerous cachexy.

VALERIUS IDELSON.

Berne, Switzerland.

**Phosphorus Butter.**—The *British Medical Journal* credits M. Comby with the following formula, a modification of Troussseau's, for the preparation of an iodo-phosphorated butter which may be used as a substitute for cod-liver oil in hot weather: Fresh butter, seventeen ounces and a half; potassium iodide, four grains; potassium bromide, fifteen grains; sodium chloride, two drachms; phosphorus, one-seventh of a grain. About a third of an ounce is to be taken daily, spread on bread.

## Society Proceedings.

### ST. LOUIS MEDICAL SOCIETY.

W. H. FUCHS, M.D., Editor.

Stated meeting, Saturday evening, May 12th, 1894; the vice-president, Heine Marks, M.D., in the chair.

Dr. Meisenbach presented a specimen of "Carcinoma of the sigmoid flexure" which he had removed on the same morning. The following is a history of the case:

Patient was past middle age, and was first seen by Dr. Meisenbach last February, when all symptoms of obstructed bowel were present. He was regurgitating bilious matter, the abdomen was very much distended and tympanitic, and patient was very uncomfortable. He had had, according to the statements of the family physician, repeated attacks of peritonitis. He was removed to the Rebekah Hospital, with the view of undergoing an operation if the symptoms did not subside. They yielded very promptly, after the passage of a large volume of flatus and considerable feces, resulting from several warm water injections administered through a Whale's bougie. After a few weeks the patient left the hospital in a fair condition.

Last Friday the patient had another exactly similar attack. Injections were again tried, and, although the water entered the bowel, only a small quantity of feces and flatus escaped, and there was no amelioration of the symptoms. A slight tumefaction could be felt in the left inguinal region, but could not be definitely located on account of the distention of the abdomen.

Considering the history, a diagnosis of intestinal obstruction by peritoneal bands was made.

The patient was operated upon this morning. A median incision was made between the umbilicus and the pubes, large enough to allow the introduction of the hand. Upon passing the hand around in the cavity, the tumor was encountered at the site of the sigmoid flexure; it was freely movable, except for its attachment by two bands to the abdominal wall and to the mesentery of the bowel respectively. These bands were cut through and the tumor excised by transverse incisions through the lumen of the bowel. This was thought advisable, as the tumor was very freely movable and as there remained a sufficient amount of

tissue to allow for an end to end anastomosis, making an ideal colectomy.

The operation was extremely difficult, owing to the location of the tumor and the primary incision. The patient was under the influence of the anesthetic one hour and a half, and is now doing fairly well. A favorable prognosis can now be given at this time, considering the history of these cases.

The tumor is hard, and nodular on the surface, and has projecting from the internal surface, a villous mass which gives it the characteristic appearance of carcinoma. It involved the entire circumference of the sigmoid flexure for about three inches of its length, and almost included the bowel, leaving only a small opening to allow the passage of flatus and thin fecal matter. It is, in all probability, a carcinoma.

Dr. T. F. Prewitt presented a specimen of "Nephritic Calculus," removed on the third of May, by the lumbar operation.

The patient is 47 years of age, and attributes his trouble to the hardships endured while confined in the Andersonville prison in 1864. When released he weighed only 80 pounds, but in two or three weeks he increased to 140 pounds, as he says, on dropsical effusion. At that time his urine was loaded with pus, but he does not remember having had pain. He has never been free from urinary symptoms since, but has had perhaps twenty attacks of urethral colic, usually followed by the passage of a small, flat, scale-like stone, and a free passage of pus.

Upon examination, the right kidney was found much enlarged, extending down below the crest of the illium. The urine contained pus in large quantities.

In operating, an incision was made in the lumbar region, and a large pus cavity in the kidney opened up. The stone presented, together with several smaller ones which had apparently scaled off, were removed. The patient has done remarkably well, has had no rise of temperature above 100, is ravenously hungry and desires to go home.

The last attack of colic was not followed by the passage of a stone, and the speaker said there is probably a small one lodged in the bladder. No extensive examination of the bladder was made, owing to the danger of such procedure where the kidneys are diseased.

Dr. Jacobson asked Dr. Prewitt how much of the kidney was involved, and why he did not remove it entirely?

Dr. Prewitt answered, that he thought the whole kidney is involved, and did not deem its removal advisable, owing to the greater risk to the life of the patient. Drainage met all the indications, and nephrectomy could be performed later, if at all, when the patient is in a better condition.

Dr. F. W. Abeken read a paper entitled, "Woman in Medicine." (See page 35).

Dr. L. H. Laidley presented two specimens of "Cystic Ovaries and Diseased Fallopian Tubes," one of which was distended with pus. These specimens were obtained from the same patient.

She was married, 24 or 26 years of age, and had suffered more or less during the last four years. Menstruation began at the age of 14, and she was pregnant at 14. An abortion was performed at that time, which operation has been repeated several times since. She gives a history of gonorrhreal trouble. Four years ago, menstruation became extremely painful, the flow was increased in quantity and duration, and there was a leucorrhreal discharge during the inter-menstrual periods, which pointed to the existence of an endometritis.

Upon examination, a distinct tumor, about the size of a hen's egg, was found on the right side. Upon operating, both adnexa were found involved. The right tube was distended with pus, and the left was closed at the fimbriated extremity and gave evidence of an old salpingitis. Both ovaries had undergone cystic degeneration. Adhesions were firm in both cases, and the product of ovulation could not pass through the tubes. The organs were of no physiological benefit, and this illustrates a class of cases in which operations are entirely warranted.

Dr. Funkhouser had examined the specimens upon removal, and had found both ovaries cystic, and the tubes occluded. It was suggested at that time, that there might be an ectopic pregnancy in connection with one of the ovaries, but this proved to be merely the remnants of a ruptured cyst.

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Stated meeting, Saturday evening, May 26th, 1894; the Vice-President, Heine Marks, M.D., in the chair.

Dr. McIntyre presented a specimen of "Double Carcinoma Mammæ." They were taken from a woman 39 years of age;

single; from whom the doctor, three months ago, had removed a myomatous uterus. The involvement of the breasts had begun at that time, and a diagnosis had been made. Recently the tumors increased very rapidly and became very painful. The operation was done about twelve days ago and passed off without any special incident. Healing is complete, and the sutures were removed on the tenth and twelfth days respectively.

The specimens themselves present nothing remarkable, but are of interest on account of uniqueness of the condition. There was nothing in the condition which required hysterectomy suggesting malignancy; it seemed to be a pure myoma. No microscopical examination was made. The point of special interest, in the speaker's opinion, is the non-malignant character of the uterine trouble, coupled with a malignant disease of the breasts.

Dr. Meisenbach doubted that the condition of the breasts was a carcinomatous one, judging from the history given by Dr. McIntyre. If it had been malignant, there would have been an involvement of the axillary glands. Carcinoma of both breasts occurring simultaneously is a very rare condition. A positive diagnosis could not be made without a microscopical examination.

Dr. C. H. Hughes read a paper entitled, "Woman in Medicine," in reply to Dr. Abeken's paper on the same subject, read before the society a few weeks ago. (See page 43.)

Dr. Love thought that the profession in general felt about as he does in reference to this question. Whatever they may think of woman's ability to cope with the difficulties that will surround her on entering the medical profession, and however much they would like to see woman on a pedestal, there are times when she must make individual efforts to gain a livelihood. If she wants to be a doctor, let her be a doctor; let her have anything she wants, from a medical diploma up, or down.

Dr. Abeken did not consider Dr. Hughes' paper a reply to his; in fact, the doctor practically agreed with him on the most important points. The speaker was credited with saying, that polyandry was a proof of woman's inability to cope with man; whereas, if Dr. Hughes had read the paper correctly, he would know that this argument was offered as a proof of woman's mastery over man. Then, Dr. Hughes credited the speaker with the statement, that woman's brain is smaller than man's in proportion to her body weight; whereas just the opposite was said.

Further, the speaker did not say that woman *could* not enter politics and medicine; he said, she *may* not, and gave his reasons for his position.

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Stated meeting, Saturday evening, June 2d, 1894; F. W. Wesseler, M.D., President *pro tempore*, in the chair.

In the absence of a prepared scientific programme, general topics of interest were discussed.

Dr. Fairbrother called attention to the carelessness exhibited by a great many practitioners—especially those in the country—in examining patients. The danger which often results from this negligent and superficial method of making diagnoses, was illustrated by two cases which had recently occurred in his practice.

The one was a case of malignant disease of the uterus in a patient 42 years old. Her trouble began about one year ago, and was first manifested by a uterine hemorrhage, followed by a gradually progressing emaciation, cachexia, abdominal pains and increasing weakness. In the course of the past year she has consulted a number of physicians, who have at various times diagnosed her trouble as due to the period of menopause, to malaria, or to "La Grippe;" but in no instance was a vaginal examination made. At present the disease is too far progressed to be amenable to surgical treatment. It has completely destroyed the cervix, and has invaded the anterior vaginal wall as far down as the meatus urinarius.

The other case was one of ascites in an unmarried woman, who had been treated for months. A diagnosis of intestinal fetus was made, but it was arrived at without a physical examination, owing to a fear, on the part of the physician, of wounding the feelings of modesty of his patient.

Of course, nobody is infallible, but such gross carelessness must be considered as almost criminal. There is a tendency among many physicians to accuse the public of a lack of appreciation of our profession. We should remember that the public is often obliged to bear burdens unflinchingly, and to pay bills for incompetent and unsuccessful services rendered.

Dr. Witherspoon cited a case of "Marginal Rectal Cancer," which had come under his observation while he was practicing in Montana. The patient had been operated upon in Cincinnati, at which time a resection of the rectum was done, and the margin

of the mucous membrane stitched to the skin. The operation was followed by a generally improved condition, but the trouble soon recurred, and the patient's health failed very rapidly. When seen by the speaker, he was unable to walk farther than a half-square. The rectum was so extensively involved by the infiltration that its lumen was almost occluded and stools could be passed only with difficulty. The tissues were curetted down to a firm base, with a large, sharp, spoon curette, and injections of pyoktanin solution, of the consistency of ink, used twice daily. In addition, the patient daily injected two grains of the drug himself, and used rectal suppositories. Last December the old induration had largely disappeared and there had been no recurrence of the trouble.

The speaker had used pyoktanin with good results in a number of cases of marginal cancerous growths of the epithelial variety. Its effect has been nil in sarcomatous growths. The reports of this mode of treatment vary greatly, it being praised by some and condemned by others.

Another method of combatting the progress of cancerous growths, is the injection into the tissues of about thirty minimis of a ten per cent. solution of salicylic acid in alcohol. The reports indicate that this form of treatment is causing the cancerous growths to disappear rapidly; cicatrization takes place, pain disappears, and the patient becomes stronger.

Dr. Barclay called attention to the efficacy of pyoktanin as an anti-suppurative, particularly in reference to suppurative diseases of the middle ear. He had demonstrated its value by checking suppuration in cases of fifteen or twenty years' standing. In one case of forty years' standing, the patient was cured after having been seen by the speaker eight times. In this case there had been deafness, vertigo, loss of memory, headache, etc. In two other cases, relatives of the speaker, aged respectively six and eighteen months, a complete cure followed one instillation of a 1 to 1,000 pyoktanin solution. These cases resisted all treatment with boracic acid, peroxide of hydrogen, bi-chloride of mercury and carbolic solutions.

The speaker published in the *New York Medical Journal* or *Record* the first cases in which cures resulted from this form of treatment. Later on, nine or ten cases were published in a local journal.

Dr. J. W. Smith cited a case of "Cirsoid Aneurism" upon which he had operated, and in which a cure had resulted in two weeks. This case had been diagnosticated as an aneurism of the right common carotid. A very grave prognosis had been given, and the operation for its removal had been suggested merely as a last resort, to prolong life if possible.

Dr. Johnston suggested that operations are often performed for so-called cancer, in which the trouble is not of this nature. Owing to the tendency of recurrence, the operation is often useless; sometimes only prolonging life, and sometimes justifiable as a means of abating a suppurative or purulent process.

Dr. A. H. Meisenbach, referring to the subject of malignant growths, said, that although we are still meeting with failures in the treatment of malignant disease, great advances have been made in this direction in late years, and this progress is attributable to the more exact methods of diagnosis, and to the fact that a diagnosis is now made in the earlier stages of the trouble, at least by careful diagnosticians. This advancement is largely due to the perfection of the microscope. Microscopy cannot be regarded as an exact science to-day, but by its aid we have been able to study physiological and pathological processes more accurately. We are not able to make an exact diagnosis in each case, nor can we judge of the true character of a growth by one cell. We have learned to classify new growths according to the peculiar groupings of cells, their associations and surroundings, and by the forms which they affect in connection with their fellows.

The most generally accepted theory at present, as to the cause of this peculiar formation of cancerous new growths, is the theory of mis-placed cells. For some as yet unexplained reason there is a small aggregation of cells entirely foreign to the character of cells composing the tissue in which they are found. They are stimulated into activity by some irritation, proliferate, and the cancerous infiltration is the result. This explanation of cancerous formation was apparently sustained by a tumor of the testicle, presented to the society by the speaker some time ago. It proved to be a malignant adenoma, containing cartilaginous cells, a class of tissue entirely foreign to the locality in which it was found.

If a malignant growth is detected in its earliest stages, and

the entire growth together with the lymphatic tributary to it is removed, the patient has a very good chance to recover. This is particularly true in cancer of the uterus, as oftentimes the neighboring organs have not become infiltrated, and by removing the uterus the entire focus of disease is exterminated.

Dr. Fairbrother.—I cannot imagine anything, except death, that presents so sad a spectacle as the disease known as cancer. It sits like a nightmare on the bosom of humanity; like the raven in the poem, it sits above the door and casts its shadow upon the life of its victim for evermore. It takes up its abode in the human organism and bids defiance to opposition; whether it attacks the esophagus and commands the sufferer to look forward to the grave through months of pain and starvation; or upon the uterus, where it rapidly saps the foundation of life; or upon the breasts, where it more slowly, but just as surely, fulfills its fatal mission; the end is always the same. The paths of cancer lead but to the grave.

Dr. J. S. B. Alleyne thought, that ultimately some means would be discovered by which cancer could be more successfully treated. This thought is suggested by the improvement made in the treatment of an allied trouble; namely, phthisis pulmonalis. The speaker recalled the various remedies suggested and generally used at various times, dwelling particularly upon strychnia, a remedy the administration of which is based upon the theory of nerve implication in this disease. This remedy, together with creosote as an anti-bacillary agent, and the proper rest and diet of the individual, constitutes a very much improved form of treatment as compared with that of former years; one that should result in fifty per cent. of recoveries, according to some authorities, if judiciously carried out.

Dr. Fairbrother recalled several cases of strychnine habit resulting from the continued use of the drug. It is often acquired after the patient has undergone a course of treatment for inebriety. One case in particular, which the speaker recalled, was recently seen by him at the City Hospital. The patient was in the habit of taking two grains at a dose, and had acquired the habit while having charge of a Keeley Institute.

Dr. Johnston referred to the teachings of 1856 and 1857, according to which phthisis was attributed to dust particles inhaled by scissor grinders and persons engaged in similar pursuits. We

have found no remedy which will kill the tubercle bacillus without injuring our patient, and the value of alcohol as a therapeutic agent in this trouble is very limited; a fact which is demonstrated by the number of phthisical victims among chronic alcoholics.

Dr. J. R. Lemen called attention to the difference between miner's, miller's, and scissor grinder's "phthisis," and true tuberculosis. The former is a fibrous degeneration, resulting from the continual mechanical irritation of dust particles in the bronchial tubes and vesicles, while the latter is the result of the implantation of the bacillus upon lung tissue, when this is a favorable soil for its development.

Phthisis cannot be regarded as a nervous disease; but strychnia is an excellent drug in its treatment, as it is the best general tonic that we have, furthering metabolism and thereby increasing tissue resistance. For this same reason strychnia is an excellent remedy in cancerous troubles.

Cancer is doubtless more frequent to-day than it was in former years, which fact the speaker was inclined to attribute to our more sedentary habits and the consequent defective tissue metamorphosis.

Dr. A. B. Kieffer said that we must all admit that the tubercle bacillus is the causative agent of true tuberculosis. Everybody inhales it everywhere; but a favorable soil is requisite for its development. The most effective agent to prevent this development, is a normal state of the resisting powers of the body; and in this sense, strychnia is of value, as it enables the system to better ward off the inroads of the disease. This also is the object in administering creosote, but the speaker had had no good results from its use.

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### Mélange.

**The American Association for the Advancement of Science.**—The Forty-third Meeting of the American Association for the Advancement of Science will be held in Brooklyn, N. Y., from August 15 to 24, 1894, under the presidency of Dr. Daniel G. Brinton.

**Award of the Boylston Medical Prize.**—The Boylston Medical Prize for 1894 has been awarded to Dr. Norman Walker, of Edinburgh, Scotland, for an essay entitled "The Histological Varieties of Cutaneous Cancer."

**Professor Czerny and the Professorship of Surgery at Vienna.**—Professor Czerny is reported to have refused to be made Professor of Surgery at Vienna because of the inadequacy of the laboratory equipment of the hospital..

**American Genito-Urinary Association.**—At the meeting of the Genito-Urinary Association, held at Washington, May 29 to June 1, 1894, the following officers were elected for the ensuing year: President, Dr. L. Bolton Bangs, of New York; Vice-President, Dr. Francis S. Watson, of Boston; Secretary and Treasurer, Dr. W. K. Otis, of New York; Member of Council at Large, Dr. John A. Fordyce, of New York.

**Protection of Boys from Assault.**—Mr. Tait insists that the criminal law should be amended in order to protect boys against being induced by adult women to have sexual intercourse with them (*Ex.*). According to Mr. Tait this is by no means a rare offense; "relatively," he says, "I am not sure if it is not as common as its converse." There is no doubt that, while every protection is afforded to the female sex by the act in question, the male sex are placed at a great disadvantage, not only in the manner pointed out by Mr. Tait, but also in the power which women possess of bringing false charges against men.

**The Plague in China.**—A terrible epidemic of the plague is now raging in China for the first time in eleven years (*Boston M. & S. J.*). The disease is reported by medical observers to be very similar, if not identical with, the Great Plague of London in 1665. The disease appeared first in Canton the 1st of April, and spread with frightful rapidity among the poorer classes until the deaths had numbered many thousands. Some statements put the mortality at 60,000. About the 8th of June the disease appeared in Hong Kong, where it is now epidemic. At first only the natives were attacked, the mortality being about ninety per cent., but finally the European inhabitants have become victims to the disease, and several deaths have been re-

[July,

ported. The daily death rate in Hong Kong is nearly one hundred. In Canton the spread of the disease continues, but the mortality is lessening.

**The Holy Coat of Treves.**—The Bishop of Treves has published a book recounting eleven miraculous cures effected during the exposition of the Holy Coat in that city in 1891 (*Med. Rec.*). One case was that of a child named Wecker, who, according to a certificate signed by Dr. Koeller, of Berlin, was suffering from intestinal tuberculosis. He was taken to Treves and allowed to touch the relic, and was then pronounced cured. Drs. Koeller and Schultze, of Berlin, certify that the boy is now in good health. The good bishop holds that the boy could not have been cured by natural means, and that, therefore, his present condition of health is evidence that a miracle has taken place.

**The Sanctity of the Hymen.**—Dr. E. S. McKee, of Cincinnati, is engaged in the laudable endeavor to impress upon his professional brethren the importance of preserving the hymen (*N. Y. Med. Jour.*). In a reprint from a work by Dr. A. Martin, of Berlin, he adds to the melancholy

So Mancher suchte sie im Dunkeln,  
Und fand statt ihrer nur Karunkeln.

this further couplet:

Magnum est crimen  
Perrumpere virginis hymen.

**A Likely Story.**—Every now and then something is printed in one of the newspapers that may well lead to doubt as to whether any sort of attempt is made by them to distinguish between what is within the bounds of probability and what is palpably and grotesquely incredible (*Ex.*). For example, one of the morning papers lately printed a dispatch from Chicago announcing that some doctor of that city had been "commanded" by the German Emperor to visit the military hospitals of the empire for the purpose of instructing our German colleagues in the cure of certain diseases. It was added that this individual would receive the highest military honors in Germany, and that he would be escorted in state from the frontier to Berlin by a detachment of the Imperial Guard !

## Miscellaneous Notes.

**Nervousness.**—Dr. T. E. Gosnell, Louisville, Ky., uses Peacock's Bromides in general nervousness, headaches, both periodical and nervous, and in irritable conditions generally, with great benefit. Also prescribes it in uterine troubles, in conjunction with other treatment, and has never yet been disappointed.

**Cholera Infantum.**—Physicians coincide in their views regarding the treatment of the summer diarrhea of infants and children to a degree that enables it to be thus briefly summarized: Diet, emptying the alimentary tract, antisepsis. For the antiseptic treatment, Listerine alone; or, Listerine, aquæ cinnamon and glycerine; or, Listerine, bismuth and mistura cretæ, will meet many requirements of the practitioner during the summer months. The following well-tested formulae are submitted:

R.	Listerine .....	3j-ij.
	Simple syrup .....	3vjvj-
M.	Sig. Teaspoonful every two or three hours.	
R.	Listerine.....	
	Glycerine (c. p.).....	
	Syr., simple .....	
	Aquæ cinnamon.....	aa 3j.
M.	Sig. Teaspoonful every one, two or three hours.	
R.	Bismuth, sub. nit.....	3ss.
	Tr. opii .....	gtt. xx.
	Syr. ipecac.....	
	Syr. rhei, arom.....	aa 3lj.
	Listerine.....	3ss.
	Mist. Cretæ .....	3j.
M.	Sig. Teaspoonful as often as necessary, but not more frequently than every three or four hours. This for children about ten or twelve months old.	

Thirty-two pages devoted to the management of Summer Complaints of Infants and Children may be had upon application to the manufacturers of Listerine.—Lambert Pharmacal Company, St. Louis.

**Opium Habit.**—Dr. R. S. Sutton, Pittsburgh, Pa., says Papine is the best substitute for the other preparations of opium he ever tried; that it is especially useful in eradicating the opium habit.

**The Rebekah Hospital** has issued its annual report, and an examination of this document has produced a very favorable influence upon us. The patronage has been large and first-class, and the results achieved, so far as successes are concerned, will bear favorable comparison with other hospitals. The staff of physicians and surgeons is second to none in ability, and the care and attention given to patients is such as to render their condition the best possible for rapid recovery. We can unhesitatingly endorse the Rebekah Hospital, and the truth of our good opinion may be verified at any time by calling and making a visit to the institution.

**The Remedy par Excellence.**—In the April, 1894, number of the *Universal Medical Journal*, the companion to the “*Annual of the Universal Medical Sciences*,” a magazine covering the progress of every branch of medicine in all parts of the world, and both edited by Chas. E. Sajous, M.D., Paris, France, we find the following notice of Anti-kamnia extracted from an article by Julian, which originally appeared in the *North Carolina Medical Journal*:

“The importance attached to this drug, I think, is due to its anodyne and analgesic power, and the celerity with which it acts. As an antipyretic in fevers, it acts more slowly than antipyrine, but it is not attended with depression of the cardiac system and cyanosis. Whenever a sedative and an analgesic together is indicated, this remedy meets the demand. In severe headaches it is the remedy *par excellence*. ”

**Inebriety, Delirium Tremens, Opium Habit, etc.**—To overcome the appetite for strong drink we must employ a remedial agent which, while acting as a stimulant and tonic on the system, will cause no disgust for it or nausea when its use is continued for some time. In Celerina we have almost a certain cure. Celerina, while causing no nausea whatever through and by itself, will, in most cases, as extensive experience has proven, imbue the person using it with an actual disgust for and abhorrence of all kinds of strong drink. In the varied conditions following the abuse of alcohol, opium and tobacco, to restore the patient and tone the nervous system, Celerina is of great value, and as a tonic to the nervous system in all these cases of nervous exhaustion, whether evolved in the cerebral or spinal centers, Celerina, in doses of a fluid drachm three times a day destroys the craving for alcoholic liquors. Celerina is a remedy *par excellence* to tone the nervous system in the varied conditions following sexual excesses and the abuse of alcohol, opium and tobacco.

**Leucorrhœa** is, according to Dr. Louis Baucer, member of the Royal College of Surgeons of England, Professor of Principles and Practice of Clinical Surgery in the St. Louis College of Physicians and Surgeons, often due solely to constipation; hence clearance of the bowels of their fecal contents is in many cases the chief and most effective treatment of that troublesome disorder.

In properly adjusted doses, perhaps the mildest, simplest and best and most efficient of all laxatives or aperients is the Elixir Six Aperiens (W. G.’s). One advantage the Aperiens has, it does not tend to leave the bowels in a confined state, and the dose does not need to be increased, but diminished.

**Reliable and Efficacious.**—Cactina, the active principle of the cactus grandiflora, has been lately used with much success as a cardiac tonic. It has been found especially valuable in cases of functional disorders of the heart, and produces good results in cardiac dilatation, with anasarca, with or without valvular disease, when digitalis and other drugs have failed. It has no tendency to produce gastric disturbance, and in this respect it has a decided advantage over digitalis. The drug has been put up as Cactina Pillets by the Sultan Drug Co., of St. Louis, and their agents in this country have sent us a sample to test their efficacy. The production is decidedly a pharmaceutical triumph, and their form lend themselves most conveniently to administration. Each pillet contains a hundredth of a grain of Cactina, and having been able to test the value of them in several cases, we have found them most reliable and efficacious, and are glad to give them a word of commendation.—*London Med. Press.*

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## Original Communications.

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FEIGNING.\* By H. C. FAIRBROTHER, M.D., East St. Louis, Ill.

Feigning, or malingering, as it is sometimes called, is as old as history, there being accounts of remarkable cases of this practice in the most ancient times that we have any record of. It is not confined to the human race, but practiced by many of the lower order of animals, as illustrated by the opossum that will feign death to deceive its assailants.

There is no practitioner in medicine or surgery who has not, at some time, to deal with cases of feigning. But those who have the most to deal with this practice are superintendents of public hospitals, asylums and free dispensaries, medical officers of prisons and of the army, pension examiners, and surgeons connected with accident insurance companies or railway companies.

The motives for feigning are numerous: to attract attention, to excite sympathy, to obtain admission into a charitable institution or prolong one's stay in the same, to avoid entrance to prison or escape prison labor, to avoid attending court either as witness or party to trial, to procure discharge from army or avoid conscription; or, which is probably more frequent than any of these, to procure pecuniary damages.

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\*Read before the St. Louis Medical Society, Saturday evening, June 16, 1894.

Feigning may appear in three different forms: It may be entire, there being no disease or injury actually existing, but all the symptoms exaggerated; or the disease or injury may be produced by the patient for the purpose of deceiving, as when pepper is used to irritate the eyes, caustics to mark the skin, or instruments to inflict slight wounds upon the body.

The diagnosis of feigning is often a matter of the greatest difficulty, one in which the nicest shades of discrimination are necessary. It is often traveling in that borderland between disease and health, where health puts on the livery of disease, and disease is sometimes masked in the rugged hue of health. But upon the medical man rests the obligation to make a correct diagnosis. This he owes to himself, to his profession, to the public and to the patient. If the person is feigning it is but justice that he be found out. Feigning is but a species of fraud, and the exposure of fraud is a public good. Therefore, when feigning is suspected, in order to make a correct diagnosis, every honorable means is justifiable. These embrace not only scientific investigation, as chemical and microscopical examination of the urine and sputum, the study of reflexes and the effects of electric and medicinal agencies, but also observations of a general character, and these sometimes conducted when the patient is not aware of it. If a little deception will aid in the desired result, this is justified in view of the end to be attained. If acting the part of the detective for a time will lead to valuable information, this is allowable on the same grounds.

Mistaken diagnoses in cases of feigning are especially humiliating to the medical man. An injured man presents his claim for heavy damages. He declares that he is a hopeless cripple. He presents certificates from his attending and consulting physicians and surgeons that his injuries are permanent, receives the amount claimed, and walks out of the office or court room laughing in his sleeve at those whom he has so completely deceived. Cases like this are of such frequent occurrence as to justify the adoption of every means possible in arriving at a correct diagnosis.

In the detection of feigning there are certain general rules which greatly aid in the investigation.

1. *Moral Character.*—In a case under observation where feigning is suspected, if upon investigation the person is found

to be of bad moral character, if he is untruthful and a schemer and associates with people of this sort, that may be set down as supporting the theory of feigning.

2. *Motive.*—If, from the disorder complained of, any considerable gain is to accrue, such as pecuniary damages, excuse from prison work, or the sojourn in a charitable institution, this may also be considered as a part of the evidence of feigning.

3. *Physical Condition.*—If the person under investigation complains of some serious illness or injury that would naturally make its impression upon the physical condition, and if, at the same time, there is no appearance of this impression, but, on the contrary, the expression of countenance, the color of skin and general appearance indicate perfect health, this also should be considered as strong evidence of feigning.

4. *Expression of Countenance.*—Very few people are experts in deception. The heart of man is naturally honest, and attempts to deceive are often betrayed by the expression of the countenance. It is the desire of the eye to look up, but it is forced to look down by a guilty conscience. A person feigning will never look his examiner in the face and answer his questions clearly and squarely, but his countenance will be bent upon the floor and his answers will be guarded and evasive.

5. *Want of Consistency.*—The malingerer is not a medical man. He does not know all the symptoms that belong to a certain disorder. His ardor to learn all the symptoms connected with the disorder of which he complains often leads him into embarrassing situations. Thus, a man who had received a slight injury in a railroad wreck maintained that he was suffering from concussion of the spine, or, railway spine, as it is sometimes called. He was, of course, anxious to do his part in presenting all the symptoms supposed to belong to that hydra-headed ailment. The attending surgeons, observing this ambitious disposition, remarked to a nurse, in the hearing of a relative of this man, that he would think it this disease but for the absence of one symptom: that the man could lie upon his back, while those suffering from this complaint are unable to do so. As was intended, this remark was duly conveyed to the patient, and upon his visit the next morning the surgeon found him lying upon his face and declaring that he could not turn upon his back without the greatest pain.

The diseases simulated are almost as numerous as the list of human ailments. There is scarcely a disease or injury, or symptom of disease or injury, that has not had its counterfeit. The disorders, however, which are most frequently simulated are: pain, defect or loss of special senses, insanity, paralysis, stiffness of joints, rheumatism and convulsions. The proper study of such a list of feigned diseases as this would consume entirely too much time for the limited space of one paper or one evening. I shall therefore conclude this paper with a brief study of the single subject of pain.

Pain is the stock in trade of the malingerer. It is the cheapest of his commodities. It is had with the asking. In its possession he feels secure of something that cannot be contradicted. It is hidden away; it cannot be seen, or heard, or touched, and if it is feigned who can be the wiser? Here a mistake is often made. Pain is such a dreadful reality that it cannot be long hidden when it exists, nor successfully pretended when it is absent. Real pain, like murder, will out, and pretended pain will discover itself.

For the sake of clearness, the subject of pain may be divided into three parts. First, that form concerning which we depend entirely upon the patient's statement. Second, that which is elicited by physical examination, as by pressure and palpation. Third, that which is complained of upon motion of the body, chiefly about the joints. With regard to the patient's statements, the first general rule above referred to, concerning moral character, is especially applicable. If the man is found to be untruthful about other things, it may be granted that he is untruthful about this. Another great aid in the study of this form of complaint is the expression of the countenance. The theory that pain produces upon the face its typical expression, is as old as history, and painters of all ages have aspired to reproduce this expression. They speak of the "lines" and "shades" of pain, the feigning of which would be an impossibility. If a patient states that all through the night he has been suffering and is still suffering from excruciating pain, we naturally look to the facial expression for a confirmation of this statement. If none of the lines of pain appear we doubt the testimony. Another important point in statements about pain is the question of location. If the pain is pretended it will rarely ever be given a definite location. Any

point that may be fixed upon by the examiner will be admitted to be the seat of pain; whereas, in true pain, such as caused by incipient abscess, there will be no question about locality, and the medical attendant will not be allowed to locate it at random.

In the second form of pretended pain, that which is elicited by physical examination, the same vagueness about location will usually be met with. But if the seat of pain complained of be finally located, if the examiner, unobserved by the patient, will produce a mark at this point and continue the examination, drawing the patient's mind away from the subject for a time, the point marked will be forgotten and he will allow any other point to be designated as the seat of pain. Another significant fact will be observed when investigating pain by physical examination: when true pain is produced the reflex nervous system is brought into action. If the foot be pricked with a pin, it will withdraw without a mental act. If pressure is made upon a part suffering from acute rheumatism or threatening abscess, there will occur an instantaneous recoil, commencing at the part affected. Now, if the pain is only pretended there will be no reflex action. The movement that is made will depend upon a mental act, an appreciable time will intervene before this takes place, and the motion will differ in character. It will not be the instant recoil of the part itself, but is just as likely to be the violent motion of some other part of the body. The facial expression also will be out of harmony. The lines of true pain will be wanting, but the contortions about the mouth will be greatly exaggerated. As a rule, great contractions of the muscles about the mouth, as an expression of pain, may be looked upon as doubtful. Such faces are only made for appearance.

In considering that form of pain which is complained of upon movements of the body or limbs, the above remarks are equally applicable. But, in addition to this, the patient must be kept under careful observation, and it may be necessary to conduct this observation at times without his knowledge. A man will sometimes appear to be unable to bear the slightest weight upon one of his legs when in the presence of the examiner, but, when unobserved, will walk quite readily.

Thus, the symptom of pain, that would seem to be the easiest of all for feigning, is shown, by a little study, to be open in numerous ways for easy detection.

THE FITNESS OF THE CLIMATE OF TEXAS FOR OPERATIVE SURGERY  
DEMONSTRATED BY RESULTS IN RECENT CAPITAL CASES.\* By  
DRS. BEALL, WALKER and CAPPS, of Fort Worth, Texas.

[CONCLUDED.]  
CASES.

CASE I.—*Cancer of the Uterus.*

Mrs. M., Williamson county, age 46, married, never pregnant, consulted us at office for pelvic pain and especially pain in region of hip. Prior late periods had been fairly regular, but metrorrhagic. There had not been an early flow from vagina. Cancer is said to have terminated life of mother. Other than the mother's, malignant disease had been unknown in her family.

When a woman, about the climacteric, complains of rather persistent pain, neuralgic in character, about the hip, whether accompanied with free menstruation or not, whether attended with watery, fetid flow or not, and especially if appearance is cachectic, an immediate examination should be insisted upon. This done, very frequently the revelation will be a sad one. Diseases of malignant character will usually be found to exist, and not infrequently so far advanced that surgery will be powerless for conserving life beyond a limited period.

This lady had been under treatment for several months. When examined by us she had passed beyond that period when the disease was local and accessible. She urged that something be essayed for her relief; that any procedure, however severe, be resorted to, if only a glimmer of hope was offered, that she might be spared longer to her husband and friends. With hardly a ray of hope, her abdomen was opened with object of a complete extirpation of uterus, in order to get beyond the confines of the relentless disease that would otherwise soon terminate her life. Section was done in careful manner, when the diseased organ was brought under observation. It was easy to determine that the disease had passed beyond the limits of any operative procedure, and with sad hearts we closed the window through which we had hoped to be able to accomplish something that would reward the bravery this interesting and hopeful woman manifested. In a few days she arose from her bed, none

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\*Read before the Texas State Medical Association, at Austin, 1894.

the worse for our efforts; not a pang added to her former distress. She returned to her home with such instructions as we deemed appropriate to mitigate the suffering of the few weeks left to her on earth. In a few weeks she died of the disease from which she sought relief through measures apparently severe; but from the operation had a successful recovery—due to clean hands, clean, quick work, and the beneficence of the climate of our great state.

*CASE II.—Gunshot Wound; Laparotomy and Transperitoneal Nephrectomy.*

Mrs. C., age 25, prostitute, shot herself with 42-caliber pistol. Ball entered anteriorally between seventh and eighth ribs; exit posteriorally three inches to left of spine. Shock severe, hemorrhage alarming, urine half blood. Diagnosis: internal hemorrhage and wound of kidney. Abdominal section was done six hours after reception of wound. Belly found half filled with blood; pieces of clothing carried into cavity by bullet; point of entrance filled with dirt, the woman having shot herself in a filthy back yard between a saloon and a bawdy house. After cleansing cavity and controlling hemorrhage, peritoneum was incised and kidney enucleated from its capsule. A thorough technique was conformed to in this case. The patient did well for three days; had good reaction, very slight surgical fever, and so little pain as not to require anodynes. On the fourth day septic peritonitis developed and she died. We have but little doubt, had the case been in different quarters, where the environment was good, recovery would have followed her severe injury and the operation demanded by the nature of the case.

*CASE III.—Multiple Uterine Myo-Fibroma; Sub-Pubic Hysterectomy; Recovery.*

Mrs. S., Callihan county, age 47. Excessive hemorrhage and pressure symptoms urged operation. Weight of fibroids and uterus about fifteen pounds. Rubber constrictor was used. De-peritonization to reduce pedicle—peritoneal collar around stump—below transfixion sinus. Amputation two-thirds inches above mouth of cervix. Uneventful recovery.

*CASE IV.—Tubercular Disease of Hip-Joint and Femur of Twenty-Four Years' Duration.*

Mr. B., age 34, Delta county. Never since tenth year free from discharge from numerous cloacæ. Thirty or forty de-

pressed cicatrices indicated the long existence of the disease. These were here and there from sacrum to middle third of thigh and variously located over hip region. The proximate end of femur was thoroughly ankylosed with pelvis. The head of femur had prior to ankylosis lost its attachment and normal position, and in the many years of the disease *migrated to middle of the thigh*, occupying a posterior lateral position. It was lying against the partially eburnated shaft of femur—eburnated itself—and was loose in a large conservation envelope from which several discharging sinuses led to the surface. Long excision, removal of head and chiseling away the eburnated portion of femur constituted the operation. Thorough irrigation, packing, etc., constituted treatment till cure was effected. (Specimen exhibited.)

CASE V.—*Nephrotomy.*

Mr. H., German, æt. 45, gave an uncertain history of nephritic colic; later suffered great pain over right kidney, followed by formation of tumor and abscess. Urine contained quantities of pus. A vertical incision was made over the kidney behind, and another transverse to this along border of lower rib. The kidney was cut into, and after washing out the pus a stone was found. Most of the kidney having been destroyed by the pus, the remaining portion was removed and the wound partly closed, free drainage being desired. Patient made good recovery, and when last heard from was enjoying splendid health.

CASE VI.—*Ovariotomy.*

Mrs. N., æt. 30. Tumor began to develop when she was 18 years of age, gradually enlarging till date of operation, when it weighed forty pounds. For eleven years she had been treated by various physicians, the diagnosis of dropsy having always been made. She had been tapped two or three times. There was some difficulty in making a positive diagnosis owing to the fact that the thin walls of the tumor giving it the feel of ascites, there being also ascitic fluid in the abdominal cavity. Operation was done and tumor removed through a three-inch opening. Patient made good recovery, and was out in fifteen days.

CASE X.—*Uterine Fibro-Myoma; Supra-Vaginal Hysterectomy; Extra-Peritoneal Method.*

Patient, Alice R. Examination revealed uterine fibroid extending upwards on a line with umbilicus. Operation was de-

cided upon and done at Rockdale. The long median incision was made. The major portion of the tumor extended through the incision. Here the progress of the operation was delayed through the existence of a number of smaller fibroids adherent to pelvic viscera. The broad ligaments on each side were clamped and ligated off. At the stage of the operation, we desire to lay stress upon a point in technique, which we are sure gives assistance to the operator and contributes subsequent comfort of no mean degree to the patient, namely, deperitonizing the tumor, which is done by a circular incision through the investing tumor peritoneum three or four inches above the point where pedicle is to be made. This enables the membranes to be easily stripped down, aiding greatly in obtaining the pedicle beocdeo, relieving the traction made upon the bladder and rectum by the neutral fixation of the tumor stump. A pedicle thus secured was transfixated with two long pins, a serre nœud applied, tightened, and tumor excised. The peritoneum sutured around the stump, and the abdominal wound closed. The wire was made tighter each succeeding day, and on the eighth or tenth day the stump came away, leaving a smooth granulating surface. The patient made a rapid recovery. Temperature at no time was above 100°. There was no occasion to use catheter; and at this time the patient is well, a strong and healthy woman.

*CASE XIII.—Multilocular Ovarian Cystoma; Ovariotomy; Recovery.*

Mrs. T., Troy, Belle Co. The patient had been for several years treated for dropsy, by traveling and advertising quacks. Finally she fell into the hands of Drs. Taylor and Taylor, who readily made a correct diagnosis, and insisted upon an immediate operation, as her general health was rapidly depreciating, having marked facies ovariana. Median abdominal incision was made. The cyst proved to be multilocular, requiring some delay in breaking up and evacuating the daughter cyst. Adhesions were tied off with fine silk. The pedicle secured with braided silk. Quite a quantity of colloid material escaped into the abdominal cavity, which condition required a thorough flushing of the cavity, which was done with sterilized hot water. The wound closed with silk-worm gut sutures. But limited shock followed the operation, and the patient progressed to a speedy and favorable termination. Temperature at no time was above 100°. The thorough abdom-

inal irrigation was, without doubt, an active cause in the rapid recovery of the patient.

CASE XIV.—*Floating Kidney; Nephrectomy; Recovery.*

Mrs. Patsy W., Rockdale Tex., November, 1893, age 30, three children. Since birth of her last child she has endured a constant pain in the right hypochondriac region, which was increased in degree when standing or in sitting position. Marked and rapid emaciation had followed her last confinement. A type of neurosis of reflex irritative character was so distinct as to suggest to attending physicians that perhaps hysteria was associated in the case. The urine was high colored and ammoniacal; vesical irritation an annoying condition. Of the latter manifestations of disease, gastric symptoms developed, with nausea and vomiting, the patient bearing every evidence of rapid decline. Physical examination disclosed an abdominal tumor, which by manipulation could be shifted from the lumbar region to margin of ribs, and thence to a point in abdominal cavity, corresponding to the umbilicus. Then by a reverse movement the body could be returned to its original site. Diagnosis: that of displaced kidney. The gravity of the condition of the patient demanded relief and advised extirpation of the organ. This was done by a vertical lumbar incision, extending from lower margin of ribs to the crest of the ilium. The displaced organ was retained in position by the hand of an assistant. The retro-peritoneal space was soon reached, and but little difficulty was encountered in transfixing the pedicle and ligating the renal vessels. The ureter was included in separate ligature. A large drainage tube was used, wound closed with silk-worm gut sutures, and dressed according to modern wound treatment. Twelve hours after operation, patient passed one pint of urine. Made an uninterrupted recovery, with no formation of pus or rise of temperature.

CASE XVII.—*Appendicitis; Operation; Recovery.*

Patient, Dr. M., practicing physician from Bollinger, Tex., age 47. This the second or third attack. Recognizing the urgency of operation, he had himself conveyed to Ft. Worth on a cot. Had pain, fever and iliac tenderness. Operation done. The pus was found down behind the cecum, the appendix being turned upward and lying behind the peritoneum. The abscess could not be reached except by opening the peritoneum. Able to leave for home in about two weeks.

*CASE XVIII.—Traumatic Aneurism of Brachial Artery, and Division of Median Nerve.*

Mr. A. J. D., Colorado City, age 27. In using a Winchester rifle, a cartridge in magazine exploded, and a fragment of the metallic shell punctured the upper portion of the arm, about the insertion of the deltoid muscle. Great hemorrhage followed the injury, which was arrested by Dr. Coleman, by means of compression. Patient was referred to us for further treatment. From the local tumefaction and discoloration, absence of radial pulse and a history of severe hemorrhage, led us to the opinion that a severe injury had been done his brachial artery at the point where it exchanges its name to the axillary. There was a loss of sensation in the thumb, index and middle fingers. Whether the nerve injury was due to blood clot pressure or direct traumatism, we were at that time unable to decide. Operation done at once. The sub-clavian artery was securely compressed above the clavicle, an incision made over the site of the tumor corresponding to line of artery. Blood clots were rapidly turned out and sponges stuffed instead, the two ends of the artery secured with forceps and tied off. Upon further examination it was discovered that the median nerve was also divided by the fragment. This was sutured with fine silk. An aseptic dressing applied, and patient made an uninterrupted recovery.

*CASE XXII.—Carcinoma of the Breast; Amputation and Excision of Axillary Glands.*

Patient, Mrs. T., from Canton, Van Zandt county. The entire mammary gland was excised, although no enlargement of axillary glands could be made out. As a safeguard the incision was extended and the entire axillary space cleaned out, including fat glands and fascia. Upon examination the gland was found to be enlarged and undergoing malignant degeneration, thus demonstrating the importance of removing the axillary glands in carcinoma of the mamma. The long wound of at least fourteen inches was closed and a compressive dressing used. The wound was well in seven days, with dressings only changed twice. No shock or fever followed the operation.

*CASE XXVI.—Stone in Bladder.*

Mr. V., Jones county, age 65. Stone in bladder for number of years; severe cystitis. Supra-pubic operation. Protracted drainage on account of the long existing cystitis. Recovery in a reasonable time.

**CASE XXVII.—*Tubo-Ovarian Disease.***

Mrs. C., Trinidad, age 30. Abscess had communicated with bowel and vagina, ovaries mere pus sacks as large as small oranges. Both ruptured during enucleation, and pus flooded cavity. Adhesions were very great to bowels, bladder, etc. After thorough irrigation, Price's glass drainage tube, packed around with iodoform gauze, was used. The size of drainage tube was gradually reduced, but continued eight weeks, washing out tube and tract daily with peroxide of hydrogen. Recovery has ensued. Communications with bowel and vagina have closed and woman is well, except some neurasthenic symptoms, which time will perhaps correct.

**CASE XXVIII.—*Amputation of Thigh, Upper Third.***

Mrs. W., Jack county, age 40. Horses ran away, throwing lady against tree. Knee joint was comminuted, with compound comminuted fracture of femur extending to upper third of that bone. Fragments of the femur were driven into the tree. Infection followed; suppurative tracts extended to the body. Pus passed beneath and about Poupart's ligament. Seventy days after injury was received we amputated thigh, sawing bone at trochanter major. Infected tracts were followed to the abdominal cavity. Masses of necrotic tissue were removed. The entire amputation wound was sutured, and drainage instituted through the openings near Poupart's ligament. The lady made good recovery.

**CASE XXXI.—*Jacksonian Epilepsy.***

Master A., Jack county, age 18, was kicked by horse, fracturing skull just in front of superior portion of mastoid process. Two months after injury we visited boy. Had chill; 105° F. temperature, 130 pulse, relaxed skin, epileptoid seizures and paresis of the arm. After semilunar incision of scalp, found pieces of necrosed bone and a small hernia cerebri. The diseased bone was removed, an abscess by side and beneath the hernia incised. Strict antisepsis and drainage; fever subsided, patient made rapid recovery from the urgent symptoms present. Ten months subsequently to above condition, was seized with epileptoid convulsions and disturbance of arm centre. Boy was brought to us at Ft. Worth. We made accurate measurement, locating the fissure of Rolando and mapped out the location of the controlling centre, which produced the arm disturbance. We made a semi-

lunar incision two and one-half inches above the original injury. Found that a linear fracture extended across the disturbed centre and that the fracture, slightly overiding and filled with a fibrous union, was exerting pressure upon the dura mater over the disturbed arm centre. After removing a large button of bone, we followed the fracture above and below, freely removing the edges and false union with the rongeur. Repair after operation was rapid and uneventful, and he soon returned to his home. A few days ago we heard that the young man was in a satisfactory condition, had had no paresis of the arm, nor had he suffered an epileptoid seizure since he returned to his home.

*CASE XXXIV.—Dermoid Cyst; Ano-Coccygeal Region; Operation; Recovery.*

Mr. B., Throckmorton county, consulted us for fistula in ano; case one of long standing. Suffered from frequent formation of abscesses, followed by rupture and discharge. There was swelling, tumefaction and discharge from a small sinus. Communication could not be found to exist with the bowels. Free incision; the removal of a large bunch of hair, and curettage, constituted the operation. Parts were stuffed with gauze, and repair by granulation process was rapid and complete.

*CASE XXXVIII.—Mastoid Operation.*

Mr. A. P. W. B., Burleson, Texas, age 74. Seen in consultation with Drs. Hall and Pickett, of Burleson. The case presented a history of otitis media purulenta, following an attack of la grippe. Upon first visit the patient's right ear was found to be discharging pus, and when thoroughly cleansed perforation of the membrana tympani was observed. Twenty-four hours succeeding this visit the patient's condition improved, but the next day he grew rapidly worse, and upon second visit, on April 4th, found him in a semi-comatose condition. At once proceeded to open the mastoid, first making a Wilde incision, then elevating the periosteum, and with mallet, chisel and gouge entered the antrum, following the method of Schwartze. The broken down cells were curetted, communication through the tympanum established, and the wound thoroughly cleansed with peroxide of hydrogen and dressed with iodoform gauze. This dressing was continued daily for thirteen days, at which time Dr. P. writes as follows: "Temperature normal, pulse 84; rests well nearly all the time. Takes nourishment with considerable relish. Wound over mastoid healed nicely and no discharge of

pus from auditory canal." Under date of April 21st Dr. Pickett reports that Mr. B. has made a complete recovery.

CASE XL.—*Exploratory Laparotomy; Recovery.*

Mr. B., age 38, consulted us when en route to Mineral Wells. An examination led us to believe that he either labored under an obstruction of the common bile duct, or that he was a subject of malignant disease. We suggested an exploratory section, that condition could be ascertained. If an obstruction from a lodged calculus, he could, perhaps, be relieved; if malignant disease existed, with proper technique, the exploration carried with it a limited risk to life. Mr. B. was very much emaciated; his skin was intensely jaundiced; his ability to take food very limited; his urine was high colored; his bowel discharges clay-like, and an intense and general paresthesia annoyed him beyond measure. He gave the history of repeated attacks of colic occurring at short intervals. Succeeding these attacks the symptoms detailed above were always aggravated. We felt very well convinced that obstruction of the common duct was his condition. We could not conclude otherwise. The long persistence of the symptoms urged us to suggest an operation. It would, at all events, throw light upon the condition, which evoked different diagnostic opinions from various intelligent physicians who had seen and examined him.

After considerable delay he returned to Ft. Worth and submitted to an exploratory examination. His condition had become very much worse than when we first saw him. He was more emaciated and exhausted. The paresthesia was maddening, his skin cholemic beyond anything we had previously seen. With these unfavorable symptoms an incision was made. Just as we had reached the cavity, had seen the distended gall-bladder, felt the thickened and enlarged duct and rough, nodulated condition of the liver, an assistant remarked that he had never felt a worse pulse, and that unless we hurried matters we would not get patient off the table alive. His remark hurried our manipulations and observations, and feeling such hardened condition of the duct tract and adjacent structures, the hardened, nodulated condition of the liver, we hastily concluded that that case was one of malignant nature. The sequel of this case shows that it was one of obstructed duct, and doubtless the hurried manipulations led to the indirect relief of the obstruction. It has been observed in many cases that operations within the

abdominal cavity when not completed, or operations of an exploratory character, often result in the cure of the patients. We believe that had we made the exploration at an earlier day and before the patient had become *devitalized*, as it were, we would not have been forced to suspend the work, and that we would have incised and removed the obstruction from the duct, or would have emptied the gall-bladder, or done a cholecysto-enterotomy. Then his recovery would have been more rapid than it has been; yet, we are glad to know that Mr. B. has, since the section and manipulation, gradually been restored to fair health. Though time was too short to be sure as to the exact condition, and caused us to express an unfavorable opinion as to recovery, it is a source of gratification that our efforts tended, doubtless led, to the restoration of his health.

CASE XLV.—*Sarcoma of Foot; Amputation; Recovery.*

Mr. H., age 22, from the Pan-Handle, after several months' treatment for swelling of anterior portion of the foot (plantar surface), consulted us at Ft. Worth. Progress of the disease for seven months: the swelling was size of black walnut, not ulcerated, large veins coursing over the surface. The duration of the disease, that it had not responded to intelligent treatment, and the age of patient led us to suspect sarcoma. After cocaineizing apex of swelling we made an incision and removed a portion for microscopic examination. The examination showed round cell sarcoma, and we advised amputation below the knee. This was done, and the cure of case proceeded without untoward results till its completion, when the patient returned to his work as a ranchman in the northwest.

CASE XLVII.—*Double Equino Varus; Phelps' Operation; Good Result.*

Master D., age 3 years. Various methods and appliances had been used to correct the exaggerated congenital deformity, but without success. A more radical operation was decided upon after Phelps' method. The feet were rendered bloodless, and tenotomy of tendo achillis first made. Then incision was commenced in front of the tip of inner malleolus and extended downward to middle of the sole of foot. All resisting soft tissues were divided, including the deltoid ligament and entering the joint itself. The feet were over-corrected, antiseptic dressing applied, and an over-corrected position retained by plaster paris bandages.

[August,

TABULATED STATEMENT OF CASES.

Name or Initial.	Age, yrs.	DISEASE OR INJURY.	Duration	Anesthesia.	Result.	OPERATION. REMARKS.	Case No.
Mrs. M.....	46 F	Cancer of uterus .....	6 months	E	R	Exploratory; too far advanced for removal	1
Miss C.....	25 F	Gunshot wound of kidney .....	6 hours.	E	R*	Laparotomy & transperitoneal nephrectomy	2
Mrs. S.....	47 F	Multiple uterine fibroid .....	3 years.	E	R	Supra-pubic hysterectomy .....	3
Mr. B.....	34 M	Tubercular disease of hip-joint .....	24 years.	E	R	Removal of head of femur .....	4
Mr. H.....	45 M	Pyo-nephritis .....	4 months	E	R	Nephrotomy .....	5
Miss N.....	30 F	Ovarian tumor .....	11 years.	E	R	Laparotomy .....	6
Mrs. T.....	24 F	Pyo-salpinx .....	6 months	E	R	Laparotomy; removal left tube and ovary .....	7
Mr. S.....	45 M	Fracture of skull .....	2 hours.	E	R	Elevation and removal of fragments .....	8
Mr. W.....	27 M	Fracture of skull .....	12 hours.	E	R	Trephining .....	9
Alice R.....	38 F	Uterine fibroid myoma .....	5 years.	E	R	Supra-vaginal hysterectomy .....	10
Mr. R. P.....	36 M	Compound fracture gunshot wound .....	3 days.	E	R	Amputation of arm at upper third .....	11
Alfred D.....	24 M	Osteo-sarcoma .....	6 months	E	R	Amputation of arm at middle third .....	12
Mrs. T.....	36 F	Multiocular ovarian cystoma .....	3 years.	E	R	Laparotomy .....	13
Mrs. W.....	30 F	Floating kidney .....	6 months	E	R	Nephrectomy .....	14
May W.....	10 F	Tubercular osteo-myelitis of tibia .....	7 weeks.	E	R	Removal of necrosed bone .....	15
Mr. M. T.....	48 M	Recurrent suppurative appendicitis .....	2 weeks.	E	R	Laparotomy .....	16
Dr. M.....	47 M	Appendicitis .....	10 days.	E	R	Laparotomy .....	17
Mr. N. J.....	27 M	Traumatic aneurism brachial artery .....	2 weeks.	E	R	Removal of clot & ligation of ends of artery .....	18
German.....	60 M	Cancer of stomach .....	Unknown.	E	R	Exploratory laparotomy .....	19
Mr. E.....	24 M	Malignant edema of posterior of ulna .....	4 months	E	R	Removal of ulna .....	20
Mr. T.A.F.....	32 M	Large lipoma .....	6 years.	E	R	Removal of tumor .....	21
Mrs. T.....	40 F	Carcinoma of breast .....	2 years.	E	R	Removal of breast and axillary glands .....	22
Mrs. S.....	40 F	Vesico-vaginal fistula .....	5 weeks.	E	R	Repair of injury .....	23
Mrs. G.....	65 F	Ovarian cyst and chronic obstruction of bowels .....	3 years.	E	R*	Laparotomy; removal of tumor .....	24

Mrs. E .....	28	F	Par-ovarian cyst .....	2 years.	C	R	Laparotomy; removal of tumor.
Mr. V .....	65	M	Vesical calculi .....	4 years.	E	R	Supra-public lithotomy .....
Mrs. C .....	30	F	Tubo-ovarian disease .....	1 year.	E	R	Laparotomy; removal of pus sac.
Mrs. W .....	40	F	Comp. comminuted fracture of femur .....	70 days.	E	R	Amputation of thigh, upper third.
Mrs. F .....	30	F	Tubo-ovarian disease .....	3 years.	E	R	Laparotomy; removal of pus sac.
Mr. S. P .....	45	M	Abscess—hernia testi .....	3 days.	E	R	Removal of left testicle.
Master A. ....	18	M	Jacksonian epilepsy .....	1 month.	E&C	R	Removal of bone over motor aria.
Mstr. A.L. ....	19	M	Tubercular disease of the tibia .....	— years.	E	R	Removal of diseased bone .....
Rev. B .....	60	M	Fungus oculi .....	3 months	E	R	Enucleation of eye .....
Mr. B .....	30	M	Dermoid cyst of ano-coccygeal region .....	— years.	E	R	Removal of cyst .....
Master C .....	10	M	Tubercular osteitis .....	6 months	E	R	Removal of diseased bone .....
Mrs. P .....	45	F	Carcinoma of mammary gland .....	8 months	E	R	Removal of mammary and axillary glands.
Master M. ....	19	M	Tubercular disease of elbow-joint .....	.....	E	R	Amputation of arm, middle third humerus.
Mr. B .....	74	M	Mastoid disease .....	2 weeks.	C	R	Mastoid operation (Schwartz).
Mrs. C .....	38	F	Pelvic abscess .....	3 months	Co	R	Incision; drainage .....
Mr. B .....	38	M	Obstruction of common bile duct .....	6 months	E	R	Laparotomy .....
Mrs. S. ....	25	F	Pelvic abscess .....	6 months	E	R	Incision; drainage .....
Miss W .....	12	F	Tubercular caries ankle and rib .....	3 months	E	R	Vaginal evacuation; drainage .....
Mr. C .....	26	M	Tubercular caries .....	18 months	E	R	Incision; thorough removal of disease .....
Mr. W. ....	27	M	Appendicitis (eighth attack) .....	12 months	E	R	Incision; thorough curettage .....
Mr. B .....	26	M	Sarcoma of foot .....	3 days.	E	R	Laparotomy .....
Mr. T .....	48	M	Recurrent appendicitis .....	7 months	E	R	Amputation of leg, upper third .....
Master D. ....	3	M	Double club foot .....	5 weeks.	Co	R	Incision; drainage .....
				3 years.	E	R	Phelps' operation .....

## REMARKS, ETC.

ABBREVIATIONS.—M, male; F, female; E, ether; C, chloroform; Co, cocaine; R, recovery; R\*, recovery claimed as subsequent death did not result from loss of blood, shock or other incidents connected with the operation proper.

## SUMMARY OF CASES.

Laparotomy, 16; amputations, 5; appendicitis, 4; compound fracture of skull, 3; tubercular osteo-myelitis, 3; nephrectomy, 2; hysterectomy, 2; carcinoma of the breast, 2; and one each of following: lithotomy, castration, mastoid disease, double Phelps' operation, large lipoma, Jacksonian epilepsy, fungus oculi, malignant disease of periosteum of ulna, and dermoid cyst of the ano-coccygeal region. Total, 47 cases.

FAITH, PHYSIC AND MEDICAL SCIENCE. By C. ARNOLD F. LINDORME, Ph.D., M.D., Augusta, Ga.

As long as we have medical art, faith has done much for it and for the patient; and as long as human frailty lasts, faith will continue to be of a more substantial help to the doctor than all the physic he can exhibit. But, however useful, actively, this metaphysical agency be to the physician, the latter should not allow himself, passively, to keep under its influence, jeopardizing thereby his intellectual independence. In selecting his drug, the physician should never be guided by anything else than science, full and entire knowledge of the physical qualities and efficiency of his medicine. Such bedside gossip as "the remedy did well in my hands" should be discarded. If the faith in the medicine which the doctor inspired fetched him a turn, he should not indiscriminately give the credit for it to the drug, but assume a higher intellectual sphere and spurn the vulgar ratiocination based on nothing but the result.\*

The physician, looking at his profession as an art, even, should ever be scientific. This utterance requires, however, some explanatory discourse.

There is an abuse abroad of the word scientific. The wish being ardent to make out of medicine something to rely on, there is much anticipation of the desired condition, and there is no adept but flies the shingle "scientific."

Claims, however, are no titles. If one wants to be somebody, let him show up who he is. Above all let us see his work done. If this be good, then he may keep his pedigree in the scrip; we have no use for it whatever.

In the world of thought as well as in business, when some new trend is ripe and pods towards realization, there are always new-fangled lions who roar in front of everybody. But they never get beyond the roaring. It is with them ever talk and no cider. All they can boast of is an exceedingly fine scent of what is in the wind, and they roar in accordance with the latest cue of fashion.

In order to tell these spurious men of science from the true scholars, those who are eager of honest performance, it is necessary, therefore, to investigate *what is science?*

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\* "Stultorum eventus magister est."—*Livius*.

Evidently science can not be something which falls under the head of imaginary stuff. If science be that which makes medical knowledge reliable, it must itself, as a mere thought, be plain and straight. Thus a claim of scientific medicine in order to be creditable should be sustained by a corresponding title, and all claims of a scientific character without such title should be rejected.

In order to make discrimination handy, the best way for our research will be to inquire how other branches of knowledge proceeded, and what constitutes with them science. There is no ambiguousness of question. Scientific knowledge is differenced from other knowledge by the particular order that it is in. Science is, so to speak, knowledge qualified. Unscientific knowledge can eventually be very valuable. All our knowledge began that way. But it is lacking in plan as long as it is unscientific. There is no system to it. The single points of observation may be good; sharp as well as trusty. But they are left there, in their crude conception, disconnected, without the relation being shown which they have to other points.

This is changed by a scientific handling. The latter is a gathering of the facts of observation under general heads, or a reducing of more or less disconnected notions to a system of ideas, in which every special relation is referred to general leading principles or points of view.

Upon the whole matter science is only a form. Science can harbor great mistakes, or, for the matter of that, be mistake all over, or falsehood even. Often enough the main contents of a science were by a bold reformer entirely refuted. But yet, properly managed, science is the greatest promoter of truth, the greatest we have, indeed. All the surety of truth we have is in the harmony of knowledge; and since science tests all special knowledge upon this its general character, it follows that scientific reasoning is safer than an unscientific aggregation of knowledge. Harmony is the basis of all existence; the world itself can not be but by all its work hanging and going together. Must not our knowledge of the world accordingly be harmonious?

Now, then, proceeding from this point of view, on an investigation of the scientific character of the different branches of medicine, we cannot but state that the outcome is not very flattering. The most characteristic branch, especially the one which

traditionally leads in the profession, *materia medica*, is evidently as yet a vague affair. Hippocrates handled it better than many; many practitioners of the day handle it now; and the *chiaroscuro* of the latter days' theory of Galenic or Arabian extradition hardly reached beyond the standpoint of Paracelsus, that is an art to avail oneself of it.

When Koch by his bacteriology was gaining credit as tubercle specialist, the dawn of the day was proclaimed on which medicine would arise as a science. But the new day was false reckoning. Koch swelled the list of the many living illustrations of the old brocard, *sic transit gloria mundi*. We have since then had a dead one even: Brown-Sequard carrying, by his demise, the halo of his late rejuvenation to an early grave; and the homœopaths have medicine which they never exhibit but after three o'clock in the afternoon.

And why is *materia medica* not made a science? Why is it not made reliable knowledge gathered under leading principles and harmonious general points of view? Because such a thing cannot be done with items of knowledge of which every single one is of doubtful extraction, resting on uncertain observation. *Materia medica* is an agglomeration of subjective assertions at best, the credit of which is founded on tradition and habit; and if such stuff is formed into a system, the system is as much imaginary as its contents.

Now, then, is there nothing scientific in medicine?

There is. But it is only in biology, the science of healthy life. Thorough investigation of nature, of man, led to the discovery that disease is not a condition of its own, a special arrangement outside the region of the healthy organism and foreign to it, but simply a modification of health; disease is, above all, nothing positive in its nature, but altogether a negative something; and it should not be looked at as something added to the healthy organism, but as something taken away from the latter. Disease, in one word, *is a deficiency*—it is a lack of health; and only when looking at it in this style we understand it well and can treat it right.

Pathology, all its most renowned representatives protest, is, strictly speaking, only modified physiology, and consequently all theory based on the former must have its foundation in physiology—be in agreement with its principles and certainly not con-

tradictory to them. Hence the utter revolution of the scientific principles of the healing art. When we encounter a case of disease, we do not meet with it, do not look at it, any more as an entity by itself, but as an occurrence happening in a healthy body; we do not, as they did in pre-scientific times, ignore the individual entirely, having an eye only for the disease, but consider all and every item of the ailment with special reference to the health of the individual in whom it is found. A continuance of the pre-scientific way of exhibiting medicine is, therefore, a gross solecism; it is a perfunctory, a routine practice, an out-growth of the *vis inertiae*, which in the mass continues as a habit, modes of doing, that were condemned by argument and bereft of all credit in intellectual life. Since disease is only a deficiency, something negative, a lack of health, the physician being called to a case must not set about antagonizing the disease, not undertake to drive it out, but through means of his remedial agency side with health, or that much of it which to the sick is left, and no doctor can be of any use at all unless there be health enough left to sustain the case.

There seem to be exceptions apt to call into question the whole establishment of these rules. Representing to himself the case of a tumor, a cancer, the reader will be inclined to consider our theory in contradiction with the most palpable pathological anatomy. Yet our theory holds; it holds with regard to the pathologo-therapeutical essentiality of the disease, philosophy. As long as the cancerous growth, the tumor mass, is there, the local redundancy, as sign of the disease, speaks against the character we ascribe to the latter as a deficiency. But as little as a tumor, a cancer, or any vicious growth in itself is the disease which wants to be cured, so, evidently, as soon as the tumor, cancer, or whatever the redundancy be, is removed, if the disease be there yet, this is owing to a DEFICIENCY OF HEALTHY TISSUE FORMATION. Our best clinicians hold this to be the correct theory of all vicious growths, malignant and others. The tumor in itself is so little the disease that, on the contrary, it may represent the healing process, inasmuch as, while forming it, the body may overcome its derangement and work henceforward again in due order. This is ever the case, when, after an operation, there is no relapse.

The same theory holds with regard to contagious infection.

This never takes place in persons whose organs are in such a condition as to functionate perfectly well. The positive state of health procures immunity against its negative, disease, and the latter once established there is no remedy against it, unless it serves to aid the healthy part of the body to functionate better. And this theory holds good in regular poison cases, even supposing an overdose of laudanum were given. In such a case it seems as though the duty of the physician, the *rationale* of the treatment would be, to antagonize the disease by direct medication, and as if there could be no doubt of our having to interpret it scientifically that way. Yet such an emergency, although altogether an exceptional picture, does nowise contradict our biological reasoning. The duty of the physician, in accordance with the history of the case, is to antidote the opium, and, if he be on time, giving an appropriate dose of permanganate of potassium, adequate to the quantity of opium ingested, he will save the life imperiled. But can he uphold that, in so doing, he antagonized disease, something negative, which it is logically impossible to get hold of as a positive entity?

He cannot.

And, why not? Because, when he antidoted the opium with the permanganate of potassium THERE WAS NOT YET ANY DISEASE. By ingesting, through means of the permanganate, abundance of oxygen, which neutralized the poison, he antidoted the latter. But, in so doing, he did no more than he might have done in the crucible of a chemical laboratory or any other vessel. That he happened to do it in a stomach has no bearing whatever on our biological theory. Supposing he had not been on time, so that the laudanum had done its mischief, by absorption having taken place, then the treatment would have had to be entirely different; permanganate of potassium would have been of as little use as any other drug, calculated, by neutralizing the poison, to produce a direct effect. Chemically, the difference is not very striking. But chemistry is no medicine, and biologically there is all the difference justifying our therapeutical standpoint, the standpoint of hygienic treatment. The substance to be introduced into the body would have again to be oxygen. But this not to the purpose of any direct reaching of the poison, to overtake which there would be no means whatever, but to the purpose of investing the so far healthy body with an over-abundance of its usual power of resis-

tance, to stand the exceptional strain on its vitality. The region of the body in which, in consequence of the laudanum taken, life would be most immediately jeopardized, would be the blood, and an oxidizing of the blood, therefore, would by the poisoning be indicated. Nor would any treatment be beneficial which would be based on any never so refined pathological discrimination, if it were not at the same time qualified to benefit the body physiologically; that means to say, with reference to its healthy stock, bringing this out appropriately.

The routine treatment in poison cases by snake-bites had a presentiment of this. In giving full doses of brandy or whisky empiricism, endeavored by strengthening the healthy body, to tide it over the period of danger in which the virulence of the poison is at its worst, and if it be doubtful, whether liquor serves the purpose it was given for, the idea which led to its administration was correct therapeutics, all eventual finery of pathological chemistry notwithstanding.

Similarly in cases of diphtheria, syphilis, cholera, scarlatina, and so forth. All our pathologists admit the diphtheritic poison will not do harm to a perfectly healthy mucous membrane, and if the like cannot be said of syphilitic infection, yet the biological nature of the initial lesion even, and, as a matter of course, correspondingly in a higher degree of secondary or tertiary exhibition of the disease, should not, can scientifically not be interpreted as a positive condition, but only as an impairment of health, something negative. And on reviewing practical cases this theory is borne out by the facts of observation. The poor results which the routine treatment with mercury attains are due to nothing else than a disregard of this, our theory. The mischief caused by syphilis is not in the positive existence of the latter, but in the biological negation which in the healthy body it represents, and the mercurial treatment, which reflects only upon a positive deleterious infection, without any regard to the biological requirements of the body, is doomed to fail, can, above all, not fail to be slow, nor to have, after an accomplished recovery, or that which passes for such a one, a physiological ruin, a monument of the fallacy, to base therapeutics on nothing but pathological inferences and chemical reactions. The greatest power in nature, we should not forget, is nature, and if, in his fighting the diseases, the physician does not have nature as

an ally, he cannot accomplish anything. But the human body is not a crucible. Disease is an impairment of health against which the organism reacts. Medicine, in order to become a remedy in disease, must, therefore, agree with the whole organism, and therapeutics, in order to cure, should be not only pathologically correct, but physiologically beneficent.

Hence, the enormous success of hygienic treatment. This is carried on in full accordance with the averred principle; it sides not only with the healthy body against its disturbance, trying, by a strengthening of the former to overcome the latter, but may, for the matter of that, be applied to the healthy body, the latter being none the worse for it. A treatment which undertakes to remove diseased conditions by directly antagonizing them, cannot be applied except where the disease pronounced itself sufficiently for evident diagnosis. A treatment, which undertakes to remove diseased conditions by supplying the deficiency of health in which they consist, may begin at any time, be commenced before any symptom of a diseased condition shows itself, indeed.

Hence the utter absurdity in our time, in a scientific course of things, to keep up in the medical fraternity separate schools. The question whether homœopathy is right and allopathy wrong, or whether *contraria contrariis opponenda* is right, and *similia similibus curantur* wrong, is not any more the point at issue. Since the old school in its brocard ignores the principle of modern pathology as an outgrowth of physiology, that disease has to be looked at as something negative only, a deficiency, it is as unscientific as homœopathy which, by its theory, gudgeoned itself from the outset of the opportunity to avail itself of the advance in physiology for its therapeutics. Homœopathy gives no chance to hygiene, at least not in and with its doctrinaire *similia similibus* exclusiveness, nor does allopathy if it clings to its silly brocard, a dogma of one-sided birth, scarcely understood in its time and in the single case hardly ever kept in mind or referred to.

Sensibly there can be only one school of medicine; this is medical science *tout bonnement*.

But here the question turns up again, how about *Materia Medica* and its direct medication? Is it to be discarded altogether?

We answer, *No*. The specific medication-enthusiasts may console themselves. There is room left yet for their hobby of direct remedial agents. For although it is theoretically correct

that no remedial agent is therapeutically justifiable, or pathologically indicated, unless in full accordance with physiology, we have practically to make concessions. Not only that the public, by the many centuries of drug practice, has mentally got habituated to direct medication and is mostly not yet educated to attach faith to hygiène; there is, as it were, a bodily drug-tolerance, and drugging may supplementarily be necessary practice. But then it should be handled like a custom, "more honored in the breach than the observance." If for instance a celebrated clinician admits that a case of chorea with enuresis cannot be cured by medicine alone, but only by a simultaneous building up of the patient, it is unscientific when he gives quinine, grs. forty per diem, to a child of fifteen years; and the same drug, grs. sixteen per diem, to one of ten years.\* It is a surfeit of *Materia Medica* uncalled for by the circumstances. The practice is a superstition upheld by old habits and tradition. The pathology the said clinician based his diagnosis on was treatment of the inhibitory nerve-centre. Now then, is this not a deficiency? And is it not absurd in the extreme to want to remove such weakness by doses of quinine as enormous as stated? Can any poison have a virtue fit to drive out of the body something the very nature of which consists in a negative, an absence, a lack of the normal condition of health?

There will come a time when such medication will be universally ridiculed, and for the progressive physician, the sensible public, this time has come already, as shown by the increase on which is hygiene, the public and private arrangements to make use of it to the best interest of mankind.

**Therapeutic Wisdom.**—The *American Druggist* says that among the queer collection of stolen and confiscated goods in the private office of Police Inspector McLaughlin is a medicine chest containing six compartments, each with five small bottles from "Caswell & Massey." On the inside of this case, written in Gothic text, was this stanza:

For every remedy under the sun  
There is a remedy or there's none.  
If there's one, try and find it;  
If there's none, never mind it.

[August,

## Clinical Reports.

### REPORT OF A CASE OF TUBAL PREGNANCY. OPERATION; RECOVERY.\* By Mary McLean, M.D., St. Louis.

Mrs. A. W., æt. 29, married, is of medium size and in good flesh. Has been supporting her family during the winter with washing.

Patient was first seen at her home on January 17th, when she complained of a severe pain in the region of the right ovary, and said that she had just finished a short menstrual period. A hypodermic of sulphate of codeia promptly relieved the pain. As the bowels were much packed, a satisfactory pelvic examination could not be made. She was given a purgative and a codeia tablet, and was asked to report two days later at the evening dispensary for women.

She first called at the dispensary on January 19th, when the following history was recorded:

Father was tuberculous; mother, healthy. Was a healthy child. Neopause at thirteen was normal. Menses became painful after a few years, and have so continued to be. Married at seventeen, and has had three children and two miscarriages. The last miscarriage occurred three years ago, and she has had occasional pain in the right pelvis ever since. During the past year that pain has been more severe. She menstruated December 22d, naturally, and again January 11th, with a pale flow.

Bimanual examination shows a uterus very little larger, and somewhat softer, than normal, a tenseness and tenderness of the right broad ligament, and a cyst-like swelling about an inch to the right of the uterus. A diagnosis was deferred, and patient was kept under observation, and a small, soft glycerine tampon employed twice a week.

About the first of February she again menstruated with sharp pain in the right side and discharge of brownish shreds, which were not saved. On February 12th the swelling was much larger and very sensitive, and on February 16th and 19th it was found to be rapidly growing and to be about the size of a lemon and indistinctly growing. An extra-uterine pregnancy was now con-

\*Read before the St. Louis Medical Society, Saturday Evening, June 16th, 1894.

sidered almost a certainty by Dr. Ella Marks and myself. The breasts were found to contain colostrum and the uterus to be increasing in size. There was, however, no nausea, from which patient had suffered in all previous pregnancies.

She was now told to remain at home quietly and to keep bowels quite freely open. On February 22d. Dr. Tupper kindly saw her with us, and after careful examination confirmed our opinion. She was immediately placed in St. Luke's Hospital and carefully prepared for operation.

An abdominal section was made on the morning of February 26th, with the assistance of Dr. Tupper, Dr. Ella Marks, and Dr. Newman, who administered the chloroform. At Dr. Tupper's suggestion the Trendelenburg position was used and found most advantageous.

On entering the peritoneal cavity, the tumor was found in size and situation as expected. It ruptured with the first careful manipulation, discharging dark blood and clots. The mass was freed from its many adhesions and tied off close to the right cornu with twisted silk, and the pedicle was covered with its own peritoneum by means of fine catgut. The cavity was flushed with pure hot water, and the abdomen closed with deep silkworm gut suture and a running catgut suture in the peritoneum.

The patient rallied nicely, but suffered greatly from nausea and vomiting for forty-eight hours, and occasionally for a day or two longer. However, she made a most satisfactory recovery; the wound was found united by first intention at the first dressing, a week after operation, and patient left hospital at the end of three weeks.

The specimen is an interesting one. The large cavity, which was ruptured in removal, is found by the microscope to be the dilated tube. Connected with it is a smaller cavity packed with a hard blood clot, evidently formed by an early hemorrhage, but whether into the broad ligament or simply into another sac of the tube, has not been determined. A mass attached just below the tube so closely resembles a fetus, that it was recognized as such by all; but it proved to be the ovary containing a large corpus luteum of pregnancy, as will be seen under the microscope.

The pregnancy was probably of six weeks' or two months' duration.

3424 Washington Avenue.

[August,

### Editorial Department.

FRANK L. JAMES, PH.D., M.D.,  
AND  
A. H. OHMANN-DUMESNIL, A.M., M.D., } Editors.. } Publishers  
FRANK M. RUMBOLD, M.D., Business Editor. } and Proprietors.

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### The Editors of the St. Louis Medical and Surgical Journal.

A. H. OHMANN-DUMESNIL, A.M., M.D.

The subject of this sketch began to contribute to the pages of the JOURNAL in 1877. In 1880 he became assistant editor, in which capacity he continued until 1882, when he retired from all connection with the JOURNAL until the year 1884. At this time he began editing the Department of Dermatology, which work he has continued up to the present. In 1885 he became editor of the JOURNAL, in which capacity he continues to officiate, in conjunction with Frank L. James, M. D., and the business editor, Frank M. Rumbold, M. D., whose portraits will appear in subsequent issues.



A.H. Ohmann-Dumeenil



### Dermatology and Genito-Urinary Diseases.

**Elephantiasis Syphilitica of the Lips.**—In a case described by Professor Eichhorst (*Virch. Arch.*) a man, æt. forty-three, was attacked five years after the primary affection by a peculiar, diffuse, soft swelling of the lips, producing considerable deformity. Every form of local treatment proved futile. The lower lip, however, was successfully treated with the galvano-cautery, but two months later swelling of the testes set in. This subsided under pot. iod. treatment. The swelling in the lips then recurred, but was gradually reduced by inunction, only to reappear again after a little time. The patient was finally discharged uncured.

**Introduction of Syphilis into Europe.**—According to Professor Binz (*Deutsche med. Woch.*) syphilis was undoubtedly first introduced into Europe from America, and it is to the sailors of Christopher Columbus's first expedition that we owe the "malady of France," as Shakespeare has it. Nothing pointing definitely to true syphilis can be found amongst the records of either Jews, Egyptians or Greeks, nor even the writings of the satirists of Imperial Rome. The latter, it is true, contain descriptions of gonorrhœa and the local sore, but no mention is made of the sexual infection spreading over the whole body, becoming constitutional in fact. All authorities, however, agree that in 1495 lues venerea became epidemic in Europe, and subsequently spread over the whole world. Dias de Isla, a physician of Barcelona, states that the malady was imported by the companions of Columbus. During 1494 it was carried into Italy by the armies of Charles VIII., and from Italy it was spread over Europe. Oviedo and Las Casas, contemporaries of de Isla, bear confirmatory evidence.

A critical examination of the works of the authors mentioned will demonstrate their unreliability. Buret's analysis is certainly convincing; and English readers will soon have an opportunity of reading the translation.

**Treatment of Syphilis.**—Professor Kaposi (*Wiener med. Woch.*) disapproves altogether of Fournier's "traitement successif" of syphilis—i. e., continuous medication for two or three years with mercury and iodine alternately. He thinks that most patients are perfectly cured and capable of begetting

healthy offspring after one course of treatment extending over several months, or else divided into two smaller annual courses, and, moreover, considers that the enormous amount of syphilitic pain and nervous disease in France is quite possibly the result of too protracted treatment. There is also the usual side of the question to be considered. Patients subjected to so long a treatment are constantly haunted by syphilophobia, and form a large contingent of the lunacy cases. According to Kaposi, the primary treatment should be long and careful, but should not be repeated unless really unmistakable symptoms of syphilis reappear (*Prov. Med. Jour.*). He looks upon syphilis as a curable disease. The prognosis is more favorable than in phthisis or chronic alcoholism. All so-called "preventive cures" are injurious; in such cases the course is, as a rule, atypical, and severe forms of the "late-type" set in early.

I have always advocated the "intermittent" plan of treatment, and have found not only rapid, but lasting results of the best type.

**For Favus.**—The Paris correspondent of the *Medical Press and Circular* is authority for the efficacy of the following treatment of favus. The hair is cut close around the affected parts of the scalp, which are then washed with ordinary soft soap. A compress saturated with the following mixture is applied three times daily:

Rx Thymol .....	3ss.
Chloroformi .....	3v.
Olei olivæ.....	3iiij.

M.

As soon as the crusts covering the patches become detached the parts should be carefully epilated, and finally a solution of two parts of tinct. of iodin and one of glycerin should be painted once a day over the denuded parts. The treatment extends over a period of a month or six weeks.

I have found the following very efficient:

Rx Losophan .....	3j.
Ung. aquæ rosæ.....	3ij.
Lanolin.....	3vj.

M. Sig.: Apply twice daily.

**Syphilis of the Spinal Cord.**—Virchow (*Med. Standard*) is of opinion that evidence is lacking of etiological relationship between syphilis and tabes, nor is it possible, clinically speaking,

to decide the question from the information furnished by the "reminders," seeing that syphilis is practically of universal distribution. Moreover, there is nothing in the evolution of tabes that can be compared with what is known as visceral syphilis, which tabes would most likely resemble if it were in any way dependent on such a cause. But tabetic patients present no symptoms of visceral syphilis, nor is any tabetic lesion observable in grave cases of visceral syphilis. There is no absolute demonstration of the non-existence of the relationship which is said to exist between syphilis and tabes. The evidence in favor of the latter hypothesis is strong enough, in his opinion, to induce him to suspend judgment on this much debated question. This position is essentially the judicial one adopted by many neurologists, not only as to tabes, but also as to paretic dementia.

**Treatment of Psoriasis.**—Dr. Coffin (*Le Sperimentalista*) states that treatment will vary according to the form of the disease.

In cases of moderate severity he removes scales with alkaline baths, soaps, etc. Then he employs the following:

<b>R</b>	Glycerolate of starch,	
	Oil juniper.....	aa ʒiijss.
	Green soap.....	grs. lxxv.
	Salicylic acid .....	grs. xlvi.

Every three or four days the affected spots are washed with warm water and tar soap. Pyrogallic acid or chrysarobin may be used instead.

In diffuse forms with pronounced inflammatory symptoms he employs, with advantage, prolonged baths—for five to six hours—and applications of mild salves.

In cases with limited eruptions he employs Vigo's plaster.

In obstinate cases he removes the scales and applies the following salve:

<b>R</b>	Ichthyol,	
	Salicylic acid,	
	Pyrogallic acid.....	aa grs. xxx.
	Vaseline,	
	Lard,	
	Lanoline .....	aa ʒj.

The patient should be well nourished and avoid coffee, alcohol, tea, etc. Arsenic is only indicated when the disease has ceased to progress.

O-D.

### Excerpts from Russian, Polish and Bulgarian Literature.

**Dislocatio Cordis Acquisita.**—At a recent meeting of the Lovtchanska Meditzinska Collegia (Lovetch Medical Society), Dr. Berova, a lady physician of Lovetch, in Bulgaria, has communicated two instances (*Medizina*, 1894, No. 1, p. 36) of acquired dextrocardia in adult men. In one of the patients (a weakly-made and badly-nourished subject of 33, a school-master by profession) the cardiac impulse was displaced to a point situated in the right third intercostal space, just above the nipple. The cardiac sounds were quite distinct and clear in the area and could be still faintly heard about the left edge of the sternum, beyond which line they ceased to be perceptible altogether. On the right side, the shoulder, clavicle and scapula were distinctly lowered, the supraclavicular, infraclavicular and suprascapular regions drawn in, and on percussion dull, and the respiratory movements diminished, while auscultation revealed moist *râles* and tubular breathing over the whole area of dullness. There was also present mucopurulent expectoration, but no tubercle bacilli could be found in the sputum. The patient stated that he had been suffering from cough, dyspnea, fever and gradually increasing weakness for about five years. The left lung, liver and spleen proved to be sound. In view of all the facts, Dr. Berova came to the conclusion that she had to deal with a case of chronic interstitial inflammation of the right lung, with consecutive cirrhosis of the organ. According to her theory, "the lung gradually decreased in size, the right side of the chest as gradually collapsed, and the heart, being steadily dragged along by the shrinking lung, ultimately became displaced into the right thorax."

The other case refers to a peasant who was admitted to the town hospital with left-sided hydropneumo-thorax, of about three weeks' standing and obscure origin. The cardiac beat proved to be displaced to the right mammillary line of the level of the fourth interspace. The area of heart dullness commenced about the fourth rib and below blended with that of hepatic one, while its internal margin did not transgress the right edge of the sternum.

Dr. Berova emphasizes, that while cases of cardiac displacements due to exudative pleurisy are very common, those caused by cicatrisation of the lung or hydropneumo-thorax represent an exceedingly rare occurrence.

**Sarsaparilla in Leprosy.**—P. P. Astashevsky, of Irkutsk, East Siberia, says (*Transactions of the East Siberian Medical Society for 1893*, No. 3, p. 48), that in several cases of true leprosy he obtained very gratifying results from the internal administration of sarsaparilla ("dorogiya korenja," "dear" or "expensive roots," as the drug is described in the Russian peasant medicine). A *vodka* (aqua vit.) tincture was invariably used, which was prepared by macerating one quarter pound of sarsaparilla in one-quarter *vedro* (about 0.7 gallon) of *vodka* at a warm place for two or three weeks. The daily dose varied from two to six *ruemkas* (liquor glassfuls).

Referring to Dr. Astashevsky's communication, Dr. M. N. Yankovsky, of Irkutsk, states (*ibid.*, p. 50), that in a case of genuine leprosy he "most successfully (*s' polnym uspekhom*)" resorted to Zittmann's decoction.

[We hope that, in view of an enormous importance of such subject as a successful treatment of the formidable and hideous disease in question, our Siberian *confrères* will not fail to publish a detailed account of their experience.—*Reporter.*.]

**Parachlorphenol in Diseases of the Nose and Throat.**—In the *Gazeta Lekarska*, No. 12, 1894, p. 308, Dr. Szmurlo, house physician to Szpital Swietego Ducha, in Warsaw, describes twenty-two cases (ten of hypertrophied turbinate bodies, two rhinoscleroma, four granular pharyngitis, one epithelioma of the true vocal cord, and five laryngeal phthisis) in which he tried painting with parachlorphenol (*cft.* Professor N. P. Simanovsky's and Dr. Tchürlöff's papers in the ST. LOUIS MEDICAL AND SURGICAL JOURNAL, June, 1894, p. 359). In the cases of laryngeal tuberculosis a from twenty-five to fifty per cent. solution was used, while in all others pure parachlorphenol was invariably applied. The outcome of the author's observations may be summarized as follows:

1. The drug does not possess anesthetic properties of pure phenol. Besides it has nasty smell and taste, which mightily

interfere with its use, more especially in cases of laryngeal or pharyngeal disease.

2. Parachlorphenol destroys the epithelial lining of mucous membranes and "almost immediately gives rise to a powerful local reaction (*wywołuje prawie natychmiast silny miejscowy odczyn*)," frequently it causes local suppuration, while repeated paintings lead to shrinkage and distortion of hypertrophied tissues.

3. In laryngeal tuberculosis the drug produces edematous swelling of the part treated, as well as long, lasting and intense pain with loss of appetite and general nervous irritability.

4. On the whole, in non-tuberculous cases, parachlorphenol proves to be much inferior to chromic acid or galvano-cautery, while in the treatment of laryngeal phthisis it is nearly useless, and at all events is much inferior to lactic or carbolic acid, or menthol.

[As is seen, Dr. Szmurlo's experience greatly differs from that of Prof. Simanovsky (*loc. cit.*). In an editorial note, referring to Dr. Szmurlo's paper, Prof. V. A. Manassein (*Vratch*, No. 17, 1894, p. 501) observes that Prof. Simanovsky, according to an oral communication of his, still continues to secure "very good (*vesma khoroshie*)" results from parachlorphenol, which circumstance is thought to justify a suspicion that, after all, there may exist some difference between the preparations employed by the two observers.—*Reporter.*.]

"Corn Smut" as an Ecbolic.—In the *Vratch*, No. 19, 1894, p. 543, Dr. Viktorin S. Grüzdeff, house physician to Prof. A. I. Lebedeff's obstetrical clinic, in St. Petersburg, writes, that having become acquainted with papers published by Drs. Estachy, C. K. Leonard, Dorland and Blair, he decided to try *ustilago maidis* (Russ. *maisovaia golovnya*) in a series of tedious labor (primary uterine atony). Fluid extract was invariably used, the dose varying from one-half to one drachm. The principal conclusions arrived at by the author may be condensed somewhat as follows:

1. Maize ergot decidedly affords a valuable uterine stimulant. [In one out of the writer's eight cases the remedy remained inactive, but in the other seven it proved efficacious after quinine, mechanical uterine stimulants, cold and baths had utterly failed.]

2. The American ecbolic remedy can be successfully resorted to in all stages of labor.

3. Its effect becomes manifest fairly quickly (usually in twenty-five or thirty minutes, never later than forty, after a dose).

4. The pains induced by the drug are of a physiological character—that is, “they represent normal clonic contractions interrupted by regular pauses.”

5. The parturient tolerate ustilago maidis in excellent way (no sickness, etc.).

6. Neither does the remedy show any harmful influence on the fetus (all the eight women were delivered of live and healthy infants).

7. Nor does it interfere in any way with the normal course of puerperal involution of the womb.

**Concerning the Use of Reindeer Tendons in Surgical Practice.**—In the *Hot Springs Medical Journal*, 1894, No. 4, p. 120, Prof. James T. Jelks, of Barnes' Medical College, St. Louis, writes as follows:

“We are indebted to Dr. J. B. Payne, of this city, for some fine specimens of tendons from the deer. The doctor has for many years used them for suture material, and indeed they make splendid suture. From fourteen to eighteen inches in length, they can be subdivided almost indefinitely, and hence sutures as large or as fine as one may desire. Of course, in these days of aseptic and antiseptic surgery, the tendons should be thoroughly prepared before being used. They are the tendinous ends of the long muscles of the fore and hind legs of the deer. In preparing them for surgical use they should be treated as we are accustomed to treat the catgut, viz.: Soaking first in ether for twenty-four to forty-eight hours to remove all fatty material, and then preserving them in absolute alcohol, in which corrosive sublimate has been dissolved in proportion of 1 to 1,000. Thus prepared they make elegant suture material, and are as readily absorbed as catgut. Should it be desirous to have the suture remain in the tissues some length of time before being absorbed, the material should be treated with a two per cent. chromic acid.”

The material in question was first introduced by a Russian practitioner, named Dr. Pütiloff, about ten years ago, as may be

gathered from the following abstract published in the *London Medical Record*, May, 1884, p. 197:

"In the *Russkaia Meditzina*, No. 5, 1884, p. 118, Dr. Pütiloff, of Omsk, Siberia, recommends threads made of reindeer tendons (used by Ostiaks for sewing their boots, coats, etc.) as a substitute for catgut in surgical practice. The author tried this material (after treatment by ether, to remove fatty acids, and by a five per cent. solution of phenol in absolute alcohol) in a case of epithelioma of the lower lip. The sutures underwent a complete absorption by the end of three days. As the author states, the strength of these threads is very considerable. The price of the article is extremely low."

At the second general meeting of Russian physicians, in 1887, Dr. A. P. Levitzky, of Moscow, made an elaborate communication on the subject, in which he detailed the results of experiments (on dogs) he had undertaken to study a practical value of Pütiloff's material for surgical purposes (see the *Transactions of the Meeting*, Vol. I., p. 104; and *Meditzinskoie Obozrenie*, 1887, Nos. 2 and 3, p. 273). At present the "*strüny olenyi Pütilova* (Pütiloff's deer threads)" may be found in catalogues of all Russian surgical appliance makers (see, e. g., Th. Schwabe's great illustrated catalogue for 1890, p. 213, No. 3878). In February, 1887, Mr. Nikolai Kridner, of Mokhtcha—*veterinarnyi Vratch* of Zapetchorsky Krai, Arkhangelsk government—kindly sent us some specimens of deer threads of his own preparation, recommending as fully sufficient the following method of disinfection: six hours maceration in ether, six hours maceration in a one per cent. aqueous solution of corrosive sublimate, and preservation in a five per cent. carbolic oil.

[We cannot help expressing a cordial hope that Drs. Payne and Jelks will continue their experiments with the material in question, that their instance will find some followers amongst American practitioners, and that all the American *confrères* will personally relate their experience at the fraternal *rendezvous*—at the XII. International Medical Congress, to be held in Russia.—*Reporter.*]

VALERIUS IDELSON, M. D.

Berne, Switzerland,

## Medical Progress.

### THERAPEUTICS.

**On the Treatment of Typhoid by Lactophenine.**—Prof. v. Jaksch says that (*Centralbl. f. innere Med.*) lactophenine (more properly lactyl-phenetidine) is a crystalline powder with a slightly bitter, but not unpleasant taste, and is slightly soluble in water. It is prepared at the chemical factory of Messrs. Goldenberg, Germont & Co., at Winkel, Rheingau, and, so Prof. v. Jaksch tells us, had already been used in the treatment of various affections, viz.: influenza, articular rheumatism, etc., before he decided to test its action in typhoid fever. Eighteen cases of the latter disease were treated in v. Jaksch's clinic in Prague with lactophenine, and with astoundingly good results. Amongst the cases were some in which the temperature had remained at 104° F. and over for days at a stretch, the stupor deep and prostration great, symptoms which defied every other method of treatment. In other cases there were severe renal complications, and in others again hypostatic pneumonia. Prof. v. Jaksch does not deny that chance may have played a no unimportant part in the excellent results obtained by him when employing lactophenine, but "is convinced that the drug has an extraordinarily soothing effect on typhoid patients. The delirium disappears, the sensorium becomes free, and all patients, without exception, enjoyed a subjective feeling of euphoria which he had never observed in any other treatment of typhoid." Lactophenine was exhibited in packets containing seven and-a-half to fifteen grains, the dose being repeated according to the nature of the antipyretic and sedative action of the drug. For some cases as much as ninety grains *per diem* were administered, and, except in one case in which the first dose of seven and-a-half grains produced vomiting, although subsequent doses caused no discomfort whatever, no *contretemps* in any way attributable to the drug was ever observed, although its action was closely followed in over a thousand instances, including cases of poliarthritis, influenza, scarlatina, sepsis, etc., etc., as well as the eighteen cases of typhoid mentioned above. Cyanosis, vomiting, giddiness, malaise, skin eruption, etc., etc., all of which are so

frequently observed on the exhibition of substances belonging to the aniline group, were conspicuous by their absence. As an antipyretic, lactophenine, in doses of seven and-a-half to fifteen grains, acts promptly, and, moreover, possesses this advantage over other febrifuges: the fall in temperature lasts for several hours, and the following exacerbation is unaccompanied by rigors; the urine gives the para-amidophenol reaction.

**Trional in Neurasthenia.**—Insomnia is one of the most frequent as well as important symptoms which the practitioner is called upon to relieve in the treatment of neurasthenia. Unless the obstinate wakefulness which characterizes these cases is removed, little can be hoped for from other therapeutic measures; and yet our list of hypnotics in this affection is not a large one. Morphine is generally contra-indicated for a number of reasons. It is apt to disturb the digestion, and by increasing the constipation from which these patients ordinarily suffer prevents elimination of those poisonous substances—ptomaines and leucamines—which pass from the system by way of the bowels. Aside from this, neurasthenics readily fall victims to the morphine habit, or, as Dr. Mattison more properly calls it, the morphine disease. Chloral is a dangerous sleep-producer, as was evidenced but recently by the sad death of the great English scientist, Prof. Tyndall. Bromides are not trustworthy; they occasionally succeed, but more often fail in producing sleep. The ideal hypnotic in neurasthenia must possess the combined qualities of safety, efficiency, promptness of action, ease of administration and freedom from unpleasant after-effects. According to the observations of a large number of practitioners and neurologists, trional is the remedy *par excellence* in conditions of sleeplessness; and in an interesting and able article on "Neurasthenia from the Standpoint of the General Practitioner," Dr. I. N. Love (*Medical Mirror*) adds the weight of his testimony in the following words: "As a sleep-producer, I believe that trional in tea, twenty to thirty grain doses, is the best remedy we have at hand. No exaltation, no depression, and no bad effects follow its use. I observe, in a recent number of one of my exchanges, a very pronounced tribute to this remedy by Dr. J. B. Mattison, of Brooklyn, N. Y., a high authority. His experience is entirely in harmony with my own."

In the administration of trional the best results are obtained by giving the drug dissolved in hot water, soup, beef tea, etc., shortly before retiring.

**Lithemia.**—Dr. John V. Shoemaker, in an interesting article on lithemia, cites among others the following illustrative cases in the New York *Medical Journal*:

**CASE I.** *Dyspepsia accompanying lithemia.*—Miss L., single, aged 20 years, applied to me for treatment for acid dyspepsia, with flatulent eructations, heartburn, and frequent headache. Examination of the urine, which was rather scanty, high-colored, acid, specific gravity 1,024, showed a deposit of urates and oxalates, and gave a clew to the cause of the dyspeptic symptoms. She was directed to avoid articles of food containing sugar or glucose, to eat meat sparingly, and to take fresh air exercise each morning. Her medical treatment consisted of half a glassful (fʒiv.) of Buffalo lithia water three or four times a day. This afforded prompt relief, and the symptoms all disappeared in the course of a few days.

**CASE II.** *Chronic gout.*—Mrs. W., aged 33 years, a victim of inherited gout, complained of muscular pains and neuralgia in different parts of the body. Her digestion was poor, and she was inclined to acidity of the stomach. The same treatment as in the preceding case afforded prompt relief.

**CASE III.** *General muscular rheumatism of lithemic origin.*—George R., aged 18 years, a clerk in a store, complained of pains in different parts of his body with tenderness in the muscles of his back and the calves of his legs, and shoulders. He had no fever. All muscular labor was irksome, and he complained of being constantly tired. He was ordered four ounces of Buffalo lithia water four times a day and good diet. The result was complete recovery in less than a week.

**CASE IX.** *Confirmed gout.*—Mrs. Q., aged 60 years, complained of pain and tenderness in her fingers and toes, which were much deformed by gouty deposits. In this case the large joints were also stiff and painful on motion. Her general nutrition was poor, and she had some cardiac hypertrophy with increased arterial tension. The arteries showed atheromatous thickening, and there was a systolic murmur indicating aorta valvular disease, but without marked stenosis. She was ordered

a suitable diet and recommended to change her residence to a more appropriate climate, where she could spend much of her time in the fresh air. In the meantime, she was to take four to five ounces of Buffalo lithia water from five to six times a day. The latter treatment was attended with the best results; the pain disappeared from the joints, and the swelling around them was materially lessened. She felt so much better that she could not be induced to take the other part of the prescription, which called for a change of climate, since she found herself so much benefited by the water that she did not consider it necessary to leave home.

#### PHYSIOLOGICAL AND PATHOLOGICAL NOTES.

**Mediastinal Tumor** (columnar-celled cancer).—Dr. Finny exhibited a specimen of this rare variety of intra-thoracic tumor before the Royal Academy of Medicine in Ireland (*Dublin Jour. Med. Sc.*). It was taken from a man, aged 65, who had complained of weakness and emaciation for two years, and for three months before death of hoarseness and cough, with a small quantity of muco-purulent sputum. On admission to Sir Patrick Dun's hospital the left vocal cord was partially paralyzed without any tumor or inflammatory disease of the larynx; an enlarged gland was to be felt in the right and left supra-clavicular regions, and a comparatively dull note on percussion was present over the manubrium. Edema of the right neck and arm, then of the left and thorax, set in, while the lower half of the body and legs were unaffected, and general cyanosis of the face, with great varicosity of the surface of the chest, pointed to great obstruction of the superior cava. The edema has almost disappeared during the last fortnight of the patient's life.

The diagnosis of mediastinal tumor was confirmed by the autopsy, which revealed a very large hard tumor filling the anterior mediastinum and extending back to the front and left side of trachea. Its lower limit was the apex of the pericardium, and its lateral the adjoining lungs, to which it was slightly adherent. Its structure was tunnelled by the arteries springing from the arch and by the ascending and transverse portions of the aorta without the involvement of these vessels in the growth, but the veins were compressed and the descending cava just above the opening of the v. azgos was narrowed so that a No. 12 catheter

could just pass. The roots of the lungs, the trachea and bronchi were all free of disease. The left pneumogastric nerve ran through the malignant growth, and was widened and flattened, but the recurrent laryngeal could not be dissected out of it, although its course past the tumor was readily demonstrated.

The microscopic examination of hardened and stained specimens made by Dr. Earl showed the nature of the growth to be columnar-celled cancer with a considerable amount of fibrous stroma. It was impossible to decide on its origin; the probability was that the thymus gland was its starting point.

#### DISEASES OF WOMEN AND CHILDREN.

**Retroversion and Leucorrhea.**—Dr. Chas. Kelley Gardner writes to the *Med. Age* that he recently treated the following case:

Mrs. W., æt. 44 years, and approaching the menopause; very anemic, thin, and of a nervous temperament; much anorexia at times; habitually constipated; complains often of headache and palpitation, with frequent, but scanty, micturition; menstruation very irregular, returning every three to five weeks, and lasting from two or four days; flow small in amount and nearly colorless; attended with violent pains in the lumbar region, groins, with general tenderness over the hypogastric region; no organic lesion of the heart, simply functional as a result of other lesions.

Upon examination I detected retroversion of the uterus of the second degree, and a profuse leucorrhea. Had previously almost exhausted the *materia medica* in seeking a remedy for her relief; had given Hayden's viburnum comp., aletris cordial, fluid ext. viburnum prunifolium, cannabis indica, etc. As a *dernier resort* I ordered liquor sedans, one drachm four times a day, to be continued during menstrual period; Fowler's solution with bromides; and an injection for the leucorrhea; also placed a Thomas' retroversion pessary. Saw her four days later; met me with a smile and remarked the "new medicine" was going to "cure" her. Her improvement has been steady and rapid; appetite good; menstrual epoch unattended with pain; discharge higher colored and more profuse, lasting from five to six days, and more regular than for years before. Leucorrheal discharge disappeared; does not suffer with palpitation or headaches. Such is my happy success with that grand therapeutic agent, liquor sedans.

**On Puerperal Hemiplegia.**—Dr. H. Quincke (*Deutsche Zeitsch. f. Nervenheilkde.*) describes three such cases. In the first, a domestic servant, æt. 27, who was otherwise in complete health, was suddenly attacked post-partum with total paralysis of the left half of her body. Speech, deglutition, and the action of the pupils were normal; the sensibility of the whole left half of the body was diminished, and tearing pains set in. The left arm and leg grew thin, but the paralysis and sensibility improved, so that the patient was able to walk and go about her household duties. Dr. Quincke is inclined to consider the hemiplegia due to an intra-partum hemorrhage in the posterior part of the capsula interna. A second similar case was complicated with nephritis, which may probably have caused greater friability of the vessels. The third case was characterized by contraction, pain, paresthesia, chiefly in the arm, and set in with loss of consciousness. Quincke accounts for these conditions by assuming some disturbance in the circulation with completely circumscribed thrombosis.

**Nature and Treatment of Asphyxia Neonatorum.**—Morrison (*Lancet*), while admitting the essential cause of asphyxia neonatorum to be interference with placental circulation, prefers to group this disorder with diseases of the circulation instead of classing it among disorders of the respiratory organs, as some authors do. The causes of asphyxia and its relation to atelectasis are dwelt on, and the importance of the use of the stethoscope as a means of learning the fetal circulation during birth is emphasized. The physiology of the placenta and fetal circulation is explained, special attention being called to the anatomical peculiarities of the umbilical cord (*Am. Jour. Med. Sc.*). In the average cord the most notable feature is the special arrangement of the blood vessels, the arteries becoming wider as they approach the placenta, and this, according to Galabin, is for the purpose of diminishing the circulation toward the placental end of those vessels. The author believes that in addition to this function, this arrangement has an influence in producing the cardiac retardation noted in the fetus when the uterus contracts. Associated with this, the spiral course taken by the umbilical vessels must be regarded as erecting a barrier against excessive afflux and reflux of blood either toward the placenta or fetus.

The evidence of threatened fetal death is the disordered action of the heart. The dying adult heart usually quickens, and may even assume the "tic-tac rhythm" of fetal life. The expiring fetal heart, on the other hand, becomes progressively slower until it ceases to beat, and therefore a decreased frequency in the number of the child's heart-beats (except during uterine contractions), and not acceleration, usually portends danger. Such changes in the child's circulation may be detected by auscultation with the stethoscope, and are only liable to one fallacy —the temporary loss or lessened audibility of the fetal heart from change of position on the part of the fetus; if, however, lessened audibility be associated with normal acceleration, this sign may be regarded as due to distance of the heart from the surface of the abdomen, rather than to diminished vitality of the fetus. When, in addition to the changes before noted, attempts either at abdominal or thoracic respiration are made by the fetus during obstetric manipulation the danger to its life is imminent. When sufficient air is in the uterine cavity the recurrence of the intra-uterine fetal respiration may be noted by a fetal "cry"—*vagitus uterinus*; and the author believes that on more than one occasion he has heard the fetal cry before the delivery of the head in the case of multipara, in whom the infra-uterine section of the birthway has been fully dilated—a *vagitus vaginalis*.

**Somatose Mother's Milk.**—The chief problem in the artificial feeding of infants has been to devise some method of preparing cow's milk by which it will resemble human milk as much as possible, both in chemical composition and physical properties. To do this, Dr. Starr states "it is necessary to reduce the proportion of casein, to increase the proportion of fat and sugar, and to overcome the tendency of the casein to coagulate into large, firm masses upon entering the stomach." While the albuminous principle of woman's milk forms a very soft and almost flocculent coagulum when acted upon by the gastric juice, the casein of cow's milk coagulates into firm, thick masses, which are digested with difficulty, and frequently produce vomiting and diarrhea. To prevent this occurrence it is necessary that water be added in sufficient quantity to the milk; but, on the other hand, by the free dilution required, the percentage of albuminous principles in a given volume suffer a marked decrease and the

milk loses much of its nutritive value. If we attempt to compensate for this by administering larger amounts of the diluted milk, the child's digestive apparatus is overtaxed. On the other hand, if we endeavor to counteract the deficiency in albuminous matter by the addition of farinaceous substances, as is so often done, we supply the child with material which it is unable to digest and assimilate, and which is apt to undergo fermentative changes and act as a gastric intestinal irritant. For these reasons, physicians interested in infant feeding have sought for some nitrogenous food substance which would increase the nutritive value of cow's milk and approximate it as closely as possible to woman's milk. These demands are best met by somatose, a new food product, consisting essentially of albumoses derived from meat, which has already been extensively employed for that purpose. By addition of fat (cream), sugar and somatose to properly diluted cow's milk it is converted into a substitute for human milk, more perfect than any yet obtained. A preparation known as Somatose Mother-Milk is now furnished by many milk sterilizing institutions in the large cities of Germany, but can be conveniently prepared in the household in the following manner: To 1 litre of cow's milk (morning milk) add 730 cubic centimetres water, 10.7 grammes somatose, 40 grammes sugar of milk, 33.5 grammes fat (that is, 71 grammes cream containing on an average 50 per cent. fat). The quantity of fat in the cream should be determined before its addition. Place the somatose in a glass vessel containing 20 c. c. m. of boiling water and stir with a glass spatula, allowing the mixture to stand until the somatose is dissolved, which will require about half an hour. Then add the remainder of the water, together with the sugar of milk, and stir until dissolved. Mix the milk and cream, shake well, and add to the somatose solution. After a thorough mixture has been effected, pour into bottles and sterilize in the customary manner.

Dr. Albert Bosse, who has recently contributed an interesting article on the artificial feeding of infants, states this problem has been solved by the introduction of somatose mother-milk. He calls attention to the fact that in this form cow's milk can be completely utilized in the organism; that it forms the same loose curds as woman's milk, that it is as fully digestible and assimilable as the latter. It must also be remembered that, inasmuch as somatose contains the nutrient salts of meat,

especially the phosphate of lime, which is of so great importance in the formation of bone and muscle, it will prove of twofold value in the case of children suffering from rickets, scrofula and other diseases dependent upon errors of nutrition, both as a nutrient and as supplying the organism with substances in which it is deficient.

#### SURGERY.

**Aristol in Operations for Appendicitis.**—There has been a tendency of late to avoid the use of chemical antiseptics in the peritoneal cavity in laparotomy cases. Some operators disown even irrigation with sterilized water, and confine themselves to dry sponging. In cases where extensive adhesions are, however, present, there is great danger that the separated peritoneal surfaces may reunite and secondary adhesions again be formed, necessitating a subsequent operation. It is therefore highly desirable to interpose between the separated peritoneal surfaces an adhesive and innocuous antiseptic which will form a film with exudates and act as an obstacle to adhesions until the danger of their formation is past. In operations for appendicitis it is quite common to encounter numerous adhesions which after separation are apt to reunite unless proper preventive measures are adopted. Dr. Robert T. Morris (*Medical News*), in an interesting clinical lecture at the New York Post-Graduate School on "The Inch-and-a-half Incision in Appendicitis," highly extols aristol for that purpose after an experience of over three years with that substance. His remarks on this subject are as follows: "The large, ragged portion of cecum that was involved in adhesions in this case to-day is now covered thickly with aristol, the surplus powder is blown away. Aristol used in this way prevents reunion of adhesions. It is one of the most practical resources. I have separated old adhesions a great many times for former patients whose peritoneal surfaces had been injured by the routine technique of the day, and have relieved them completely with the aristol film." The simplicity and safety of Dr. Morris' method and the success attending its employment in his practice warrant its general adoption in abdominal surgery.

## Society Proceedings.

ST. LOUIS MEDICAL SOCIETY.

W. H. FUCHS, M.D., Editor.

Stated meeting, Saturday evening, June 9th, 1894; the Vice-President, Heine Marks, M.D., in the chair.

Dr. W. A. McCandless presented a specimen of "Fibroid of the Uterus," removed by abdominal hysterectomy. The operation was performed by making the median abdominal incision, tying off the broad ligaments, the ovarian arteries and the uterine arteries successively, and removing the uterus entirely, enucleating the lesser third of the organ by anterior and posterior, circular, peritoneal flaps. The flaps were then brought down and sutured together, the stumps of the ligated arteries and ligaments being included between the cut edges. In this manner the stump was entirely extra-peritoneal. The abdominal wound was entirely closed.

The removal of the entire uterus was made necessary in this case on account of the incorporation of the tumor with the uterine walls, and on account of the dangerous symptoms present. The speaker has six cases of a similar character under observation, all of which are comfortable except one. These cases should be closely watched, as it is necessary to remove the tumor only when it occasions distressing and dangerous symptoms, such as excessive and repeated hemorrhages, pain, cystitis and obstruction of the bowels.

Dr. J. H. McIntyre is an advocate of the extra-peritoneal management of the uterine stump, and is in the habit of using dental wire for ligatures. Personally, he finds the new method more difficult than the old manner of leaving a uterine stump to be treated extra-peritoneally, probably because he has not been in the habit of performing total extirpations according to it.

As to ventral hernia after the extra-peritoneal operation, that need not occur if the stump is properly managed. The hemorrhage is under better control. A large pedicle should be reduced to as small a surface as possible and mummified by iodine, which the doctor has found superior to a solution of iron in glycerine.

Dr. Meisenbach considered the total extirpation preferable from

anatomical and physiological grounds, besides leaving the patient in a more comfortable condition. The matter of ligating the uterine arteries need cause no concern if ordinary care be exercised. The arteries can be very readily reached and ligated as you would ligate vessels anywhere else.

Dr. A. H. Meisenbach presented a specimen of "Axillary Glands," which had undergone tubercular cystic degeneration. The patient was 33 years of age, and had first noticed the tumor three months previous. It was fairly movable, circumscribed, soft and elastic to the touch. There was no induration around the tumor, nor any evidence of inflammatory process.

In operating, the cyst was accidentally punctured, which was followed by a gush of thick, flocculent, yellow fluid. The cavity extended under the pectoralis major and minor muscles, to the insertion of the tendon of the pectoralis major, and down into the axillary space. The cavity contained some fatty tissue and a chain of indurated lymphatic glands. The cyst wall was dissected out, and all enlarged lymphatics and fatty tissue removed. Cheesy degeneration was very evident upon section of the glands. No enlargements were found elsewhere.

The practical point demonstrated by this case is the fact, that we cannot always determine enlargements of lymphatics by palpation alone. If the doctor had followed out his first conclusion in this case—simply to curette the cavity without a further examination of its contents—it would have resulted in a recurrence of the condition for which the operation was performed; the cheesy degeneration of the glands would have led to the formation of another cyst.

Dr. Jacobson suggested that the other axillary space might have been opened up and explored for a similar condition.

Dr. Meisenbach replied that there were no indications for such a procedure. If there had been a suspicion of a pathological condition, he would have invaded the other space also.

Dr. French said that although the glandular and other structure may be involved about a joint, the surgeon should not forget that the joint is possibly the starting point of the trouble. Then, in tubercular gatherings, in the form of an abscess or cyst formation, there is never a true cyst wall as is associated with sarcoma. He referred briefly to the possibility of accomplishing a complete cure of the disease and of preventing the involvement of other

organs, by performing an extensive resection of the joint involved. In the case of the hip-joint, this might include the removal of the head and neck of the femur and of the whole acetabulum.

Dr. Kieffer suggested that it would be interesting to determine definitely whether this sac is a true cyst formation. It is true that tuberculous processes do not produce true cysts, but there might have been two processes going on at the same time. The question arises, which was the primary, and which was the secondary process?

Dr. Wm. N. Beggs was called upon to give an opinion, but said he could not speak positively upon the subject without having made a careful microscopical examination. There can be no question as to the character of the affection of the lymphatic glands, however, as fresh cells can be discovered without great difficulty. In the case of the cyst the necessity for a careful examination is even greater. One of the earliest and most common methods of spreading of the trouble from a given focus is by the formation of secondary tuberculosis outside of the first. The wall of this cyst does not present such appearances, but we should consider that the wall might have been cleaned of the necrotic tissue by handling the specimen; and, on account of the artificial light, no tubercles can be found in the peripheral part as we would expect. The total cessation of the tuberculous process in the neighborhood would be a possibility, although improbable in view of its spread along the line of the lymphatic channels.

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Stated meeting, Saturday evening, June 16th, 1894; the President, W. B. Outten, M.D., in the chair.

Dr. A. H. Meisenbach presented a specimen of "Resected Bowel," removed on the same morning, being the prolapsed and irreducible portion of a scrotal hernia. The patient was a male, 46 years old, and the hernia about the size of a human head. The customary primary incision was made, from the anterior superior spinous process to the crest of the pubes and into the scrotum. The contents of the sac were found firmly matted together, so much so that an incision supposed to have been made through the peritoneum led directly into the bowel. The cord and testicle, too, were firmly adherent to the prolapsed gut, so that they had to be removed, as their isolation was impossible.

Three modes of procedure suggested themselves as a relief for this condition. A separation of the agglutinated portions of bowels and their return into the abdominal cavity; the establishment of an artificial anus; and a total resection, or exsection, of the prolapsed portion. The first was impossible, besides being a hazardous procedure, deaths having been reported which were caused by an interference with the circulation from suddenly increased abdominal pressure; the second was also inadvisable, as the opening would necessarily have been made in the portion of bowel extruding through the abdominal cavity. The total resection was therefore performed, and a lateral anastomosis established according to the method of Abbé.

In the portion of bowel removed were included 14 inches of the colon, the caput cæcum, and six inches of the ileum. The suturing of the abdomen was done according to the recently devised method of Bassini, the only variation being that the cord and testicle had been removed.

The objections to the use of mechanical contrivances in the establishment of intestinal anastomosis are: the liability of imperfect coaptation; the pressure necrosis produced being uncertain in extent; and the contraction and stenosis liable to take place in what is primarily a small opening. The difficulties are overcome by the operation as devised by Abbé, though the length of time required to do this latter might be urged as an objection to it.

This operation was done at 10 in the morning, and at eight o'clock patient was comfortable; pulse 90, temperature normal.

Dr. Spencer Graves said there are objections to both methods of procedure. In the Abbé operation there is a liability of puncturing the entire thickness of the intestinal walls, allowing an escape of septic matter through the needle puncture, which would result in septic peritonitis. Then, too much time is consumed in performing the operation. The contraction and possible stenosis following the use of mechanical contrivances, and the pressure at necrosis produced by them, are properly urged as objections to their employment. Murphy claims particular advantages for his button, and, according to his statistics, his operation has been more successful than any other.

Dr. Laidley considered it a matter of skill of the operator, whether the lateral anastomosis of Abbé is performed, or a me-

chanical ring or button is employed. The former is certainly the preferable operation, but requires a great deal more mechanical skill and dexterity in its performance.

Dr. Meisenbach said that the various objections urged against the various operations for intestinal anastomosis are all well founded, but the best argument for any procedure is when an operator adopts it in preference to another method of his own. This is what Abbé has done in adopting the form of lateral anastomosis in preference to his previously devised catgut rings. The element of time disappears in ratio to the skill of the operator. The mechanical contrivances have been discarded by European surgeon's although well known and extensively employed formerly.

Dr. Mary McLean read the clinical history of a case of "Extra-Uterine Pregnancy" (see page 98), in which a diagnosis was made and an operation performed before the tube had ruptured. She also presented a microscopical section of a corpus luteum, taken from the same patient.

Dr. Laidley said that, although the case presents no extraordinary features, it is one of those which demonstrate the advances made in the diagnosis and treatment of a class of cases which formerly remained undiscovered, and which invariably resulted fatally in consequence.

Dr. Outten considered this class of cases as evidence of the progress of our science; hence they can be diagnosticated at such an early stage and result in complete recovery under the proper treatment. He expressed himself as particularly delighted to preside over a medical society, which has for a member a lady and a doctor as competent as the essayist.

Dr. H. C. Fairbrother read a paper entitled, "Feigning." (See page 73.)

Dr. F. R. Fry said that the most important point, is not so much to determine feigning as we ordinarily see it, as to determine between malingerer and hysterical counterfeits of disease. In this class of cases the subject of pain comes up very prominently. These patients certainly suffer from pain, whether we call it psychical or genuine pain, and yet there is no way to prove or disprove its existence. In this question of feigning, traumatic neurasthenia forms one of the most important subdivisions. Here too, the question hinges largely on the point as to the

existence of pain; and we all know how difficult it is, especially in damage claims on account of railroad injuries, to make a diagnosis, and, having arrived at that, to convince the jury and the members of the profession who happen to be on the other side of the case of its actual existence, and upon what we base our diagnosis.

Dr. Bremer said this subject is an extremely vast one; one in which no definite conclusion has as yet been arrived at, as is proven by the widely different opinions of authorities and by previous discussions of the subject. If it were really as simple as Dr. Fairbrother would indicate, we would not have as much difficulty in settling cases before the courts; we would not have our capacity as experts subjected to so much doubt, and ourselves to so many insinuations; we would no longer be stigmatized as liars, blank liars and experts. There is an honest difference of opinion among experts in almost every damage case.

So far as malingeringers are concerned, there is a wide difference of opinion among the medical profession. It is often the result of personal optimism or pessimism; some men naturally look upon human nature as a mass of depravity, while others consider it a conglomeration of honesty. This difference of opinion was illustrated at the International Medical Congress at Berlin, where the subject was discussed by the most eminent neurologists. Some contended that in cases which come up in court for railway concussion, at least 75 per cent. are malingeringers, while others said there were no more than six or seven per cent.

The speaker believed that this question is often a local one; that is, in localities where such cases as physical hysteria or neurasthenia occur, people will graduate in all the symptoms, and from the contamination a great many malingeringers are created. The publication of books and pamphlets on the subject has done a great deal to educate people in the symptomatology. Then, we are more susceptible to nervous influences than were our forefathers. There is no doubt that a great many have been fooled by malingeringers; even such men as Charcot have been misled.

The subject of pain is an important one, there being subjective and objective pain; as a rule the latter. True pain may be determined by two tests. The one consists in making firm pressure on the spot which is claimed to be oversensitive. As soon as the spot is pressed upon the heart beats increase to 160, 170, or

even 195 per minute. This is an unmistakable sign, and, as far as the speaker could recall, could be simulated only in one case, that of a Russian student who could cause his heart to run up to 200 beats. Another test is the dilatation of the pupil resulting from pressure upon a painful spot in nervous people.

So far as the reflexes are concerned, they become of value in proportion to the versatility of the examiner. A man may be a very good doctor and still fail to accomplish anything in the examination of a malingerer. A detective, as a rule, would be of much more value in detecting a malingerer, as would also one malingerer be better able to find out another.

Dr. J. K. Bauduy had had successes and failures in the study of malingerers. He referred particularly to two cases occurring in his practice, which had attracted universal attention. The first patient had been referred to him by Judge Primm of the Criminal Court of this city, and the patient was known as General Neff. The doctor had him under observation at the St. Vincent's Insane Asylum for over three months, and was compelled to acknowledge at the end of that time that he did not know whether the patient was sane or insane. He was taken from the asylum to the penitentiary where he served a term of ten years, and while there confessed that he had been malingering and that he had fooled all the doctors who had examined him.

The other case was that of Willie Meyer, a lad of twelve years, who was forcibly placed upon the seat of a dog catcher's wagon and forced to ride several blocks, on account of fractious conduct, stoning and cursing the dog catchers. In consequence of this treatment he was supposed to have suffered such a severe nervous shock as to produce epilepsy and hydrophobia.

The speaker, together with Dr. Fry, made a careful examination of the case, and, although the boy was an acute malingerer and played his part well, it was soon determined that there was not a single symptom present of mysophobia (a disease the possible existence of which had been suggested); there was no psychical or physical evidence of hydrophobia or epilepsy to be found, nor did the symptoms indicate the existence of any known disease. During the feigned attack consciousness was not lost, and the boy emitted sounds like the bark of a dog, a symptom which can no longer be recognized as belonging to a true case of hydrophobia. During the examination Dr. Fry put his finger in

the patient's mouth and was bitten by him. The patient was rewarded with a slap and did not repeat the performance.

The dog catchers were acquitted, and three or four weeks later, while at the International Medical Congress at New York, speaker read a communication from the defendant's counsel, in which it was stated that the boy had been watched and that he had not had another attack since the trial.

Dr. Bremer asked whether none of the neurologists present had made a diagnosis of hysteria produced by fright.

Dr. Fry replied that the boy produced such a remarkable demonstration, that the whole question in the case was, whether it was a case of malingering or whether it was an hysterical condition. After a very close examination it was decided that the demonstration was not of a hysterical character, although the performance was remarkable, considering the boy's age.

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Stated meeting, Saturday evening, June 23d, 1894. A. D. Williams, M.D., president *pro-tempore*, in the chair.

Dr. F. R. Fry reported a case of "bulbar paralysis," and said: I wish only a few moments of the society's time to report a case, more for the purpose of having it on record than for any other. It is a case of bulbar paresis in a woman fifty years of age, who passed her menopause a year and a half ago. Her symptoms at present are those of chronic bulbar paralysis, with a spastic paralysis of all the extremities. There is the characteristic symmetrical paresis of the lips, of the tongue, of the pharynx and of the larynx. Swallowing is difficult, especially when she wishes to swallow liquids, and more especially when she attempts to wash down more solid ingesta by the use of fluids; they are apt to regurgitate through the nose. The laryngeal paralysis is apparent in the fact that she cannot vociferate loudly; for instance, if she tries to call her daughters from a back room in the house, she cannot raise her voice high enough to attract their attention. There are also some respiratory difficulties. She has spells when breathing becomes so difficult as to embarrass her a great deal, so that she cannot ascend one flight of steps without suffering. She is also troubled with spells of palpitation. These are the ordinary symptoms of chronic bulbar paralysis, or progressive bulbar paralysis as it is called; also called labio-glosso-laryngeal paralysis, on account of the parts that are prominently and earliest affected.

Besides these symptoms that I have mentioned, there is another interesting condition present, in that there is a demonstrable paresis of all the extremities. The right leg is weaker than the left; the right knee jerk is considerably more exaggerated than the left, and there is also more ankle clonus on this side. The tendon reflexes of the left arm are more exaggerated than those of its fellow. The paralysis is not greater on one side of the body, but greater in one arm and in the opposite leg. This is an interesting point.

This condition of coincident spastic paralysis of the extremities with a chronic bulbar paralysis is rare. I think Charcot showed that in a certain number of cases it did occur. It is not so rare to have atrophic paralysis accompanied with atrophy of the extremities—that is, paralysis accompanied with atrophy of the extremities—associated with these bulbar symptoms; and sometimes these cases seem to begin as ordinary cases of chronic anterior polio-myelitis, the atrophy showing in the extremities before the bulbar symptoms appear. Chronic bulbar paralysis is generally due to atrophic changes, or atrophy occurring in the nuclei of these several nerves following back along the floor of the fourth ventricle. However, the condition sometimes involves the fibres of the nerves themselves rather than the nuclei. When this degeneration occurs in the fibres of the seventh, it is an interesting fact to notice that you have a spastic condition of the lips instead of atrophy. In the one instance the disease involves the nucleus of the seventh, and in the other it attacks the fibres of the nerve after it leaves the nucleus. The spastic paralysis that we find in this case is due to a sclerosis of the pyramidal fesciculus, probably in the pons and in the medulla.

The other noteworthy fact in this case, besides the involvement of the extremities in a spastic paralysis, is the family history of the woman. I reported last fall two cases of Friedreich's ataxia, in two little girls, sisters, photographs of whom I presented when I read the notes of the cases. This patient is the mother of these girls. At the time I reported these cases, I stated that there was nothing unusual in the family history. Although we inquired particularly, we could find only one case of neuropathic disease in the family, and that was in an uncle of the girl, a brother of this woman, who had had a chorea for many years of his life. In examining the patient, however, we found nothing remarkable,

except that he was a neurotic person and possibly addicted to the use of chloral or some other drug.

We have, however, in this instance a degenerative disease attacking the upper portion of the cord, the bulb, which, as we know anatomically and physiologically, is really an expansion of the upper portion of the cord. In other words, we have an hereditary tendency probably showing itself in the mother after it had already shown itself in the children.

Dr. Robert Funkhouser related a case of "Left Hemiplegia" in a child one year old. It was evidently the result of a fall from the bed, sustained by the child during the night previous. There had been no loss of consciousness after the fall; the child is bright, does not seem to have any pain, and is good-natured. There was some difficulty in nursing, and also a peculiarity about the tongue and also with the expression of the face when laughing. Careful examination of the head failed to reveal an injury or contusion, and the symptoms were due, in all probability, to a hemorrhage or serous effusion in the neighborhood of the fissure of Rolando.

Dr. Fry said that the trouble in the case reported by Dr. Funkhouser is probably not in the cortical region, but deeper down in the brain where the fibres of the pyramidal fesciculus converge, and where a small lesion would involve a great many fibres. This view may be assumed from the clinical history, namely: the mental condition of the patient, no tendency to coma, no headache, no indentation about the skull, and the involvement of the whole side of the body by the paralysis. Cases of this character must be closely watched, as there might be a subsequent effusion of blood in the cortical region, which should be relieved by an operation.

Cases of cerebral hemorrhage in children are of great interest. Dr. B. Sachs, of New York, a few years ago collected a large number of cases, giving the clinical history of some, and showing how far we may err in our diagnosis. Intra-cerebral hemorrhage, hemorrhage occurring in the vicinity of the internal capsule, is rather rare in children, but does occur.

Dr. Joseph Grindon, referring to Dr. Fry's case, called attention to the peculiarity of the heart's action in these cases. He had observed some in which it was very rapid, and others in which it was slow. These symptoms are due, in all probability,

to the close proximity of the ganglion of the pneumogastric to the seat of disturbance. He recalled several cases seen at the poor-house, in which the atrophy of the lip muscles was well marked, as was also the symptoms of coughing and choking from the descent of food particles into the bronchi, at times causing fatal lobular pneumonitis.

The discussion of Dr. Fairbrother's paper was resumed as a special order of business.

Dr. Fry said there was one point brought up in the discussion last Saturday night that will bear illustrating again, namely: the point of feigning disease which is unintentional on the part of the patient. Some hysterical patients often present symptoms which are very hard to distinguish from genuine, so that a diagnosis is very difficult, even by experienced persons. Very much akin to those hysterical feignings is the condition that we find in neurasthenic patients. We are not sufficiently well acquainted with the symptomatology of neurasthenia to decide at all times whether symptoms are genuine or not. Neither have we the data in such shape to convince jurors and persons who have not paid particular attention to the symptomatology of neurasthenia. A distinction should also be drawn between the neurasthenic approach to other conditions, and the hysterical imitations of other conditions. For instance, we often find areas of anesthesia in neurasthenic persons, yet we are not warranted in concluding that the neurasthenic condition is not genuine, because we cannot demonstrate the existence of pathological conditions of the central nervous system.

It is just on this point that some of the most important law suits hinge to-day, and experts will continue to be opposed to one another.

In reference to the two tests for the detection of pain mentioned by Dr. Bremer, the speaker did not believe that they are always incontrovertible. The instance was mentioned of a non-hysterical woman suffering with ovarian pain, in whom slight pressure relieved the pain and caused an increase in the heart's action. The speaker had seen cases in which pressure on the ovary increased the heart's action markedly, and where pressure on a sensitive spine produced marked dilatation of the pupils.

Dr. Jacobson had had experience with cases of feigning while acting as assistant dispensary physician. In most instances the

disease or injury was feigned by persons who desired a place of shelter in the city institutions. The troubles most frequently simulated were injuries to the back and poisoning.

Dr. A. D. Williams recalled instances of feigning in the army during the war. Chronic rheumatism was the favorite complaint, and one case was usually followed by a general epidemic. The cases were speedily relieved by heroic measures, such as cupping or large sinapisms.

Dr. Funkhouser related the case of a hysterical woman who was supposed to have taken poison. Her lips were red; patient vomited and complained of pain all over the body. This gradually became localized to the ovaries, and was followed by a cataleptic trance and apparent unconsciousness. Hypnotism was tried unsuccessfully. The patient threatened those about her with disclosing secrets, and gave further evidence of malingering.

Dr. Miller had seen a case of apparent hip joint disease in a girl twelve years of age. Later on she was found to have hysterical aphonia and regular epileptic seizures. A genuine case of hip joint disease occurred in the same house at the same time, and the symptoms of the two patients were so similar that consultants, who were called, could decide between them only with the greatest difficulty.

Dr. Boas cited the case of an old soldier, an applicant for a pension, who underwent the operation for stretching the sciatic nerve to convince the authorities of the justness of his claim. After the operation he improved very materially, but retained just enough "rheumatism" to draw his pension.

Dr. Fairbrother said, in reply to Dr. Bremer, that the pulse and pupil tests for pain are too capricious for reliability. If pain produced by pressure with the thumb will cause the pupils to dilate, or the heart's action to be greatly increased, then pain from any cause should produce the same effect. This is contrary to the most common observation.

The doctor's remarks about the contagiousness of feigning are very true, but might be improved by a little explanation. Feigning may be contracted from another case of feigning; but, what is more frequent, it may be developed from a real disorder, as in the case of hip joint disease related by Dr. Miller. One case of rheumatism in the army was often known to give rise to a half dozen cases of feigned rheumatism. This contagion may be imitation, as one

child imitates another; or, like certain diseases or states of feeling, it may spread from one to another by a sort of infection.

Dr. Bremer is opposed to the medical man playing detective, but surveillance is our sheet-anchor in the investigation of suspected malingering. Without the privilege of watching, either directly or indirectly, our hands would be tied. This is especially so in feigned insanity. A woman who claimed to have received a shock in a railroad collision, demanded damages on the ground of insanity. She appeared thoroughly insane for several months, but growing tired of the close watch placed upon her, removed to the most distant and out-of-the-way place she could find in the city, where she took a six weeks' vacation from her insanity.

The speaker thought the remark of Dr. Fry about the difficulty of having a diagnosis confirmed is of great importance to the medical profession. It is something to make a diagnosis, but often quite a more difficult matter to prove it. If a man states that he has defect of sight or hearing, or that he has epileptic fits, the court will often take his word for it before that of the medical man. The complete triumph of the opinion of the medical witness was illustrated in the case of Willie Meyer, related by Dr. Bauduy, and the correct diagnosis made was of signal benefit, and the prevention of a great fraud.

The speaker, in his paper, had not gone into what might be called the therapeutics of feigning, as this is a very large subject in itself. He would, therefore, not enter upon a review of the remarks of Dr. Williams and other members, upon the various agencies made use of in the detection of feigning.

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### Book Reviews.

**A System of Legal Medicine.** By ALLAN McLANE HAMILTON, M.D., and LAWRENCE GODKIN, Esq. With the Collaboration of a Number of Distinguished Physicians and Lawyers. In two Volumes. Vol. I., Royal Octavo, pp. 656. Illustrated. [New York: E. B. Treat, 1894. Price, per volume, Cloth, \$5.50; Sheep, \$6.50. Sold by subscription only.

This is beyond the shadow of a doubt the best and most systematic treatise ever written upon legal medicine. A most judicious plan was carried out of allotting the work to physicians and lawyers, so that the preponderance of either profession has been

avoided, and a more useful as well as accurate result has been attained. Law and medicine have been given importance, according to the necessities of the case in hand, without giving either undue prominence at the cost of the other.

A fair idea of the scope of the work may be formed from a partial summary of the contents of the first volume. After an introductory, we are given an excellent consideration of the various points involved in medico-legal inspections and post mortem examinations, followed by death in its medico-legal aspects. Chapters on blood and other stains, hair, identities of the living and dead, homicide and wounds, and poisoning of various kinds follow. The medical jurisprudence of life insurance, accident insurance, and the obligation of the insured and the insurer are considered next. Then follows a most important chapter, written by a legal gentleman, which deals of certain legal relations of physicians and surgeons to their patients and one another. We can promise this will act as an eye-opener to many of our professional brethren, and as a good example of how others look upon us in a purely legal sense. The volume closes with a well-considered and thoughtful essay on indecent assault upon children.

We cannot analyze this work in the manner it deserves to be. We can, however, most heartily indorse it, and money could not be invested in a better way than in its purchase. Contrary to the custom which has hitherto prevailed, the work under consideration has numerous and well-chosen illustrations, many of them in colors. None of them are antique reprints of antediluvian wood-cuts, but up-to-date and modern illustrations, aptly chosen and eminently demonstrative.

The mechanical execution, so far as the paper, printing and binding are concerned, is of the very best, and we can only express our surprise that such a handsome work can be sold at such a low price. It is certainly good evidence of the interest and liberality of the publisher, and he is fully deserving of the heartiest support of the profession in this his latest venture.

**Essentials of Diseases of the Eye, Nose, and Throat.** By DRs. JACKSON and GLEASON. Second Edition, Revised. 12mo., pp. 290. One Hundred and Twenty-Four Illustrations. Saunders' Question Compends, No. 14. [Philadelphia: W. B. Saunders, 1894. Price, \$1.00.

The publisher of this excellent series of works has hit upon a very good idea in the way of presenting medical information in a concise manner. Part I., Essentials of Refraction and the Diseases of the Eye, is by Dr. Edward Jackson, A.M., Professor of Diseases of the Eye in the Philadelphia Polyclinic and College for Graduates in Medicine. The author has avoided most of the new periodical literature referring to his subject as being still

debatable, desiring only to give settled facts and established principles. In this he is wise, as the work is intended mainly for students, or those practitioners who are "polishing" up on the subject.

Part II., Essentials of Diseases of the Nose and Throat, by Dr. E. B. Gleason, S.B., Surgeon in charge of the Nose, Throat, and Ear Department of the Northern Dispensary of Philadelphia, is essentially the same as appeared in the first edition.

Why the diseases of the nose and throat should be associated with those of the eye, rather than with those of the ear, does not appear. It would seem that there is a more intimate connection with the latter than the former.

Had the author or editor of part two added about sixty pages on the ear, the work would be complete.

**Biography of Eminent American Physicians and Surgeons.** Illustrated with Fine Photo-Engraved Portraits. Edited by R. FRENCH STONE, M.D. Royal 8vo. pp. 729. [Indianapolis: Carlon & Hollenbeck. 1894.

When we hear of a man frequently, or when we have occasion to read what he has written, we naturally desire to know more of the individual as a person; and the next best thing to a personal acquaintance is a knowledge of his history and a counterfeit presentment of his appearance. This latter is what the work before us proposes to do, and we must confess that it does it in a thorough and pleasing manner. It may be objected that some are omitted who are entitled to greater honors than many whose names appear; but it is their own fault, not that of the editor. We are personally cognizant of the fact that he left no stone unturned to present the medical profession with a thoroughly reliable and honest work, and we think he has succeeded in his self-appointed task in a most remarkable manner. Naught is set down in malice, and much in praise and commendation. We are thoroughly pleased with the work, and it was certainly called for and needed at the present time. Many names have sprung up in American medicine deserving of perpetuation, and what more graceful way could be devised than by including them with their peers and compatriots?

Whilst the biographies given are not prolix, they are sufficiently full to be satisfactory. The portraits are good and life-like as well as representative of those presented to the eyes of the reader. We have been much taken by this volume, and we expect that it will find corresponding favor in the eyes of the profession. It forms a handsome volume, fit to adorn any library; and when our friends who are noticed in it have departed, it will prove a pleasure, sad though it may be, to look once more upon the pictures of their once familiar faces.

**An Illustrated Dictionary of Medicine, Biology and Allied Sciences, Including the Pronunciation, Accentuation, Derivation and Definition of the Terms Used in Medicine, Anatomy, Obstetrics, Gynecology, Therapeutics, Materia Medica, Pathology, Dermatology, Pediatrics, Ophthalmology, Otology, Laryngology, Physiology, Neurology, Histology, Toxicology, Dietetics, Legal Medicine, Psychology, Climatology, etc., etc., and the Sciences Closely Related to Medicine, Bacteriology, Parasitology, Microscopy, Botany, Zoölogy, Dentistry, Pharmacy, Chemistry, Hygiene, Electricity, Veterinary Medicine, etc.** By GEORGE M. GOULD, A.M., M.D. 4to. pp. 1,633. Based Upon Recent Scientific Literature. [Philadelphia: P. Blakiston & Co. 1894.

This is beyond the shadow of a doubt the best medical dictionary which has appeared in the English language. The author possesses a peculiar fitness for lexicographic work, and he has fully demonstrated it in the volume before us. We find no omissions in the list of words, which include the very latest. The orthography is the latest, the diphthongs œ and æ being very properly omitted and supplanted by the simple letter e. The derivation of each word is given, and, in doubtful cases, that which is received by the majority as the best receives its proper recognition. The definitions are all good and conform to the most advanced views. In addition to this, we are presented with a large amount of tabulated matter of the utmost value. These tables represent a vast amount of labor and are correspondingly valuable. These will prove of the highest practical value, not only to beginners in medicine, but to those who have been many years in the harness. The whole scope of this work is of such a nature that no progressive, live, up-to-date physician or surgeon can afford to do without it.

The illustrations are carefully executed and introduced where needed. They are clear and explanatory in nature and of the most helpful in kind. This new departure alone is one which should evoke favorable consideration at the hands of the profession.

Whilst commending this dictionary in every respect, we have some faults to find, although we do not desire to appear hypercritical. For instance, in giving an explanation of abbreviations given in ophthalmology we are informed that O. D. means oculus dextra, and O. S. oculus sinistra. The proof-reader evidently imagined that *oculus* was a feminine noun. Again we find a sin of omission committed, for we fail to locate the abbreviations used in obstetrics, which are, perhaps, as much of a terra incognita as those employed in ophthalmology or electro-therapeutics.

These criticisms, however, are made without prejudice to the work, which, we repeat, is the best one of its kind so far issued. The publishers have put it up in magnificent shape, using the

best materials obtainable and placing it before the purchaser in a solid, lasting form, so that it may be frequently consulted without showing the effects of wear and tear, until it has served its useful purpose many times over. Our readers can make no better investment than purchasing this book.

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### Literary Notes.

**Books Received.**—The following books were received during the past month, and are reviewed in the present number of the JOURNAL:

On Double Consciousness. By Alfred Binet. 12mo. pp. 93. Religion of Science Library. [Chicago: The *Open Court* Publishing Co. 1894. Price, 25 cents.

The Nurse's Dictionary of Medical Terms and Nursing Treatment. Compiled for the use of nurses, by Honnor Morten. 24mo., pp. 139. [Philadelphia: W. B. Saunders, 1894. Price, \$1.00.

The Care and Feeding of Children. A Catechism for the Use of Mothers and Children's Nurses. By L. Emmett Holt, M.D. 12mo. pp. 662. [New York: D. Appleton & Co. 1894. Price, 50 cents.

Biography of Eminent American Physicians and Surgeons. Illustrated with Fine Photo-Engraved Portraits. Edited by R. French Stone, M.D. Royal 8vo. pp. 729. [Indianapolis: Carlon & Hollenbeck. 1894.

Essentials of Diseases of the Eye, Nose and Throat. By Edward Jackson, A.M., M.D., and E. B. Gleason, S.B., M.D. (Saunders' Question Compends, No. 14). Second Edition, Revised. 12mo., pp. 290. With 124 Illustrations. [Philadelphia: W. B. Saunders, 1894. Price, \$1.00.

A System of Legal Medicine. By Allan McLane Hamilton, M.D., and Lawrence Godkin, Esq. With the collaborations of a number of distinguished physicians and lawyers. Vol. I., Royal Octavo, pp. 657. Illustrated. [New York: E. B. Treat, 1894. Price, Cloth, \$5.50; Sheep, \$6.50, per volume. Sold by subscription only.

An Illustrated Dictionary of Medicine, Biology and Allied Sciences, Including Pronunciation, Accentuation, Derivation, and a Definition of the Terms Used in Medicine, Anatomy, Surgery, Obstetrics, Gynecology, Therapeutics, Materia Medica, Pathology, Dermatology, Pediatrics, Ophthalmology, Otology, Laryngology, Physiology, Neurology, Histology, Toxicology, Dietetics, Legal

Medicine, Psychology, Climatology, etc., etc., and the Various Sciences Closely Allied to Medicine, Bacteriology, Parasitology, Microscopy, Botany, Zoölogy, Dentistry, Pharmacy, Chemistry, Hygiene, Electricity, Veterinary Medicine, etc. By George M. Gould, A.M., M.D. Based Upon Recent Scientific Literature. Quarto. pp. 1,633. [Philadelphia: P. Blakiston, Son & Co. 1894.

**Nurse's Dictionary** is a useful little 24mo., of 139 pages, issued by W. B. Saunders, of Philadelphia, at the price of \$1.00. It is intended to explain such medical and other terms as may prove useful to nurses and enable them to understand physicians better. The fact that the present is its second edition attests its popularity.

The **Boletin de Medicina y Cirugia** is a bi-weekly publication which has just appeared at Guadalajara, Mexico. The editors are Dr. Teodoro Núñez, medical, and Sig. Tomás Ramirez, business. The *Boletin* is at present an 8-page large royal octavo, but will no doubt be soon enlarged.

**La Semana Medica**, as its name indicates, is a weekly of 16, 24 and 32 pages, published at Buenos Ayres. Its publication is recent and it promises to be one of the leading medical periodicals of South America. It, in connection with the other new medical journals which are appearing, is indicative of the progressive spirit which has seized upon the medical profession of Mexico and the other Spanish-American countries.

The **Railway Surgeon** is a bi-weekly devoted to railway surgery, edited by Dr. R. Harvey Reed, and managed by Mr. H. P. Robinson. It is a 24-page journal replete with interesting matter, whose subscription price has been fixed at \$5.00 per annum. The publication office is located at Chicago. The *Railway Age*, which was the former organ of the National Association of Railway Surgeons, will continue to act as publisher. We desire to congratulate Dr. Reed on the handsome appearance presented by the *Railway Surgeon*, whose success is assured.

The **Columbus Medical Journal** will be changed from a monthly to a bi-weekly, beginning with July 1 next. The editor and manager will be Dr. R. Harvey Reed, of Columbus, and he will be seconded by a corps of associate editors. Under Dr. Reed's management we are certain that our cotemporary will flourish.

The **Kansas City Medical Index** has changed owners owing to the removal of Dr. Emory Lamphear to St. Louis, where he takes charge of the chair of surgery in the St. Louis College of Physicians and Surgeons, and of the editorial chair of the *Clinique*. The new proprietor and editor of the *Index* will be

Dr. H. E. Pearse, who will, we are certain, conduct the publication upon a broad-gauged plan and add fresh laurels to the medical journalism of Kansas City.

The Care and Feeding of Children are always of the highest importance, for small beginnings may end in important events. The proper or improper care of a child in its infancy and early years may influence its whole life after it has grown to maturity. Dr. L. Emmett Holt has written an excellent little primer embracing the principal points connected with the subject and written in a plain style, such as may be easily understood by the laity. It will, without doubt, become a vade-mecum for young mothers, who will find in it just that information which they need and which will be of advantage in the proper rearing of their children. Messrs. D. Appleton & Co., of New York, issue the book at the price of 50 cents.

Double Consciousness and Subconsciousness are subjects of the highest interest, not alone to psychologists, but to the physician in general. France has been a field wherein a large number of experiments have been made in the domain of experimental psychology, and the subjects which are treated of in the little monograph before us have not been neglected by any means. Alfred Binet, the author, has devoted his best energies to the study of theoretical and experimental psychology, and, as a result, his work shows the touch of a master's hand. He considers double consciousness in health and disease, as well as the role suggestion plays in this condition. The hysterical eye and various other topics are considered in an interesting and instructive manner. By sending 25 cents to the *Open Court* Publishing Co., of Chicago, a copy of this booklet may be obtained.

The St. Louis Clinique has passed into the hands of Dr. Emory Lanphear, Professor of Surgery in the College of Physicians and Surgeons. Dr. Lanphear will conduct the journal in the interests of that school and of the medical profession of the West.

The Southern Medical Review has just made its appearance. It is an octavo of 42 pages, published at Houston, Texas, the subscription price being one dollar a year. Dr. N. J. Phenix is the editor.

The Medical Epitomist is a small quarto of 24 pages, published quarterly at Indianapolis, Ind., at the rate of 50 cents per annum. It contains a number of items and a great many premium lists.

The Missouri Medical Monthly seems to have lost all its vitality suddenly. The second number never made its appearance, and, from present indications, it is not likely to do so.

## Miscellaneous Notes.

**Diuretic Action of Cascara Sagrada.**—Mr. Milnes Hey (Hornsey Lane, N.), writes to the *Brit. Med. Jour.*: “Some little time ago I noticed after taking some Cascara Sagrada increased frequency of micturition. I could then find no cause for this. Shortly after I again took this drug, and again noticed the same effect. As I could find no reference to its action as a diuretic, I began to watch its actions on any of my patients who might be taking it, and in the majority of cases I found it to act as a diuretic, a few only not noticing any difference. In one case, a Mr. D. H., the effect was marked, as the patient himself complained of the number of times during the day he was obliged to urinate. I analyzed his urine and found it to be quite healthy. On stopping the Cascara he ceased to be troubled. One of my medical brethren told me that he also had noticed this same effect of this drug upon himself. The Cascara Sagrada that I use, and have always used, is the liquid extract of Parke, Davis & Co. I should be interested to hear if this diuretic action has been observed by others.”

### Sennine in Eczema and Venereal Ulcers.—

Dios Chemical Co., St. Louis, Mo.—The sample of Sennine you sent me came safely to hand, and I happened to have some cases that visited my office daily for treatment. In two cases of eczema covering the inner side of thigh I applied the Sennine just as I received it from you; that is, full strength, dry; and I am happy to say that it acted like a charm in both cases. Again I applied Sennine to venereal ulcer, and must say that it did all that anyone could ask. I look upon Sennine as the antiseptic of all others, and shall continue its use in my practice.

W. R. HARDESTY, M.D.,  
Eureka Springs, Ark., Oct. 9, 1893.

**Bromidia in Vomiting of Pregnancy.**—Dr. Angelo de Belomi, of Citta di Amandola, Italy, July 22, 1893, says: “I am pleased to inform you of the successful results by the use of your Bromidia as hypnotic and sedative. I prescribed it for a lady suffering from severe vomiting due to pregnancy, and which threatened to cause abortion from denutrition. I had previously tried opium, chloroform, creosote, and oxalate of cerium, all without effect. I gave ten drops in a little sweet wine three times a day before meals. The vomiting ceased the first day; four days later I was able to discontinue the use of Bromidia, and now after a month there has been no return of the vomiting, and the patient is perfectly well.

I have found Bromidia excellent in delirium tremens accompanied by insomnia, also in the delirium of typhoid, and in bronchitis with neurasthenia following influenza.

In a case of chronic nephritis, where all kinds of hypnotics, anti-neurals and analgesics had failed to give relief, Bromidia, in doses of a teaspoonful morning and evening, gave relief at once; and in a few days effected a complete cure. After such encouraging results, I am sure Bromidia has a brilliant future before it.

[August,

**A Good Thermometer** is what every physician *must* have and every household *should* possess. Taylor Brothers sell the best (certified and guaranteed) fever thermometer on the market and at such a reasonable price that no one can be excused on the score of cost. We have used this thermometer and can recommend it. We would advise our readers to buy one, or if their nearest dealer does not keep it, write direct to Taylor Brothers Company, Rochester, N. Y.

**Cactina Pillets.**—There is no doubt about the value of Cactina Pillets. In heart troubles, especially those of neuralgic character, weak heart, exhausted energies, some neuralgias and nervous prostration, Cactina Pillets will prove curative.

Frankford, Philadelphia, Pa. JOSEPH C. ELLIS, A. M., M. D.

**Peacock's Bromides.**—I have given Peacock's Bromides a thorough trial, and have since then invariably prescribed it in preference to other preparations of its kind. During my trip across the ocean, I gave it to several passengers, who suffered a great deal from sea-sickness, with very beneficial results.

New Orleans, La. J. WILMOTH, PH. D., M. D.

**Urethritis and Cystitis.**—H. A. Beng, M. D., of Wheeling, Ill., in a letter to The Searle & Hereth Company, of Chicago, says: "I gave Tritica to two old gentlemen, ages sixty-five and seventy-four, with satisfactory results, both being cases of urethritis and cystitis. I administered the alkaline treatment for a day (or thirty-six hours) until urine became alkaline, following this with Tritica, which seemed to relieve all thirst and uneasiness for the next twenty-four hours. Inflammation subsided, and on the third day the epithelium cells seemed to pass off with the urine, and on the fourth day patients were well—urine clear and slightly acid. Mucous membranes were again in their normal condition. Symptoms all subsided; patients pronounced cured.—*Medical Review*.

The latest organic form of iron which has been brought to our attention is Stearns' Hemoferrum (Blood Iron), which is aseptically prepared from fresh bullock's blood, and contains all the iron of the blood. It possesses many valuable properties over ordinary forms of iron, being non-styptic, non-irritating and non-constipating. Being a natural proteid compound of iron, it differs from other organic forms of iron; such as albuminates and peptonates, which are artificially prepared. Regarding the general use of iron in medicine, Stearns & Co. have nothing to say, believing that such comes within the province of the physician, but they earnestly recommend their new product to the medical profession, and ask that it be given a thorough trial. They offer to send samples and literature to all who apply for same to Messrs. F. Stearns & Co., Detroit, Mich.

**Orificial Surgery.**—The eighth annual course of lectures and clinics for instruction in orificial surgery by E. H. Pratt, M.D., LL.D., of Chicago, will commence Monday morning, September 3rd, 1894, at 9 o'clock. Seats will be reserved in order of application.

For further particulars address Francis D. Holbrook, M.D., 56 Central Music Hall, Chicago.

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## Original Communications.

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THE TREATMENT OF SYPHILITIC MUCOUS PATCHES.\* By A. H. OHMANN-DUMESNIL, St. Louis, Professor of Dermatology and Syphilology in the Marion-Sims College of Medicine, St. Louis.

Whatever pertains to the treatment of syphilis has more than ordinary interest attached to it, more especially as we are daily becoming more familiar with methods which are not only more efficient, but possessed of greater simplicity as well. It is well known that the mucous patch is among the most virulent syphilitides, and is the most frequent cause of the transmission of syphilis, not only immediately, but in a mediate way as well. This virulence connected with these lesions, viz.: mucous patches, makes it a matter of some importance not only to recognize them at the earliest possible moment, but to so treat them that they will lose their power for evil. For, no matter how explicit the directions which may be given, nor how impressive the possibility of infecting others may be made, but little is to be expected from a syphilitic in the way of preventing others from acquiring the disease through any personal exertion exercised to that end or with that purpose in view. The physician must exercise every effort which lies within his power to employ such a treatment as

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\*Read before the Missouri State Medical Association, May, 1894.

will most nearly succeed in obtaining the rapid healing of the lesions and the abolishment of their infective properties without regard to what the patient may do in this respect.

I wish to premise further that I do not purpose to consider the treatment of any other mucous patches than those which are to be found upon the various mucous membranes accessible to the ordinary modes of examination. The mucous patches of the skin, or condylomata lata, form a set of lesions which are entirely different from these in appearance and behavior, as well as requiring different modes of treatment to arrive at a successful issue. Still it must not be forgotten that, so far as virulence is concerned, they are fully as active and as competent to infect as the lesions of the mucous membranes. I do not purpose either to speak of the symptomatology or diagnosis of mucous patches, as this would consume more time than is accorded me, nor will I more than barely indicate any general treatment which may be required in the course of the treatment of different forms, the necessity for which is so apparent that nothing further need be said in connection with that. In fact, there is scarcely a modern syphilographer who does not only recommend constitutional treatment, but insists further that such treatment, to be of benefit, must be pushed to that point which insures a rapid and thorough action of the remedy which is administered. Unless this be done the lesions will remain in *statu quo* or destructive action will set in, thus complicating the condition which is present.

All writers, as well as practitioners, are agreed upon one point: the avoidance of all local irritation. Anything which is irritating should be kept from coming in contact with the affected membrane, and this is particularly necessary in regard to the cavity of the mouth. Acid food, or such as contains much pepper or vinegar, or condiments with a sharp or burning taste, should be avoided as much as possible, as they are very apt to become irritating. Tobacco is to be absolutely interdicted. It is true that smoking is more injurious than chewing, but both are harmful. Smoking has the effect not only of aggravating the condition of existing mucous patches, but it is also a prolific cause of new ones. The point of contact of a cigar or of the mouth-piece of a pipe will often be marked by an opaline plaque and in its neighborhood new lesions will rapidly develop. This

peculiarity is not confined to the smoking pipe, but is found to exist in connection with the mouth-pieces of glass-blowers' tubes, of clarionettes, and similar instruments or tools. Should the portion which comes in contact with the mucous membrane be rough, the development of the mucous patch is much more rapid and extensive. So much for what might be termed the local prophylactic treatment. Many local irritating causes will present themselves, and the proper procedure to follow will readily suggest itself to the physician.

So far as therapeutic measures are concerned, they are various as well as varied in character. It must always be borne in mind, however, that there exists one complication which is apt to render all efforts nugatory so far as producing good effects in the buccal cavity is concerned, unless it be avoided or rapidly ameliorated. I allude to a condition often brought on by an over-zealous disposition to indulge in heroic internal treatment, in other words, the desire to "touch the gums" which so many exhibit. Unless great caution be exercised this condition will supervene and the patient be a sufferer from mercurial stomatitis. This inflammatory affection of the cavity of the mouth not only favors an extension of mucous patches and their destructive action, but prevents the exercise of the curative powers of such treatment as would otherwise prove of benefit so far as the patches are concerned. Should such a stomatitis manifest itself, it should be treated efficiently so as to improve the soil and thus render the patches less refractory.

Having attended to the foregoing, the direct treatment of mucous patches varies with different practitioners. One of the favorite methods is to touch them with pure nitrate of silver in the form of the stick, or by applying a strong solution of the salt. Another favorite application is that of the acid nitrate of mercury in solution, varying its strength in a direct ratio to the severity of the lesions. Chromic acid has also found its advocates, as well as strong solutions of bichloride of mercury. An agent which has given me the best results, and which presents a number of advantages, is C. P. nitric acid. Contrary to what might be supposed, it is not particularly painful nor destructive in its action. It possesses the marked advantage of not masking the lesion, of being applicable to all the forms, from the superficial elevated to the deep and destructive, and of procuring

rapid results. The modus operandi is about as follows: A piece of soft white pine wood is whittled so as to make a small paddle about one-fourth or one-eighth of an inch broad, and thin in proportion, the remainder being about the length and thickness of a lead pencil. The end of this improvised applicator is dipped in the nitric acid, which readily takes up the liquid. The flat surface is swept over the patch, which immediately turns white, whilst the healthy mucous membrane remains unchanged. The affected area is thus sharply defined. Should the lesion be deep or irregular, the form of the wood must be changed to suit the circumstances. With the aid of a tongue depressor the pharynx, tonsils and pillars of the fauces can be readily reached. In the treatment of fissures in the tongue (a frequent symptom in syphilis) the edge of the small wooden paddle answers the purpose admirably. The patient experiences no pain worth mentioning, and by instructing him to expire during the application he is not incommoded by the fumes of the acid. The sour taste which follows the use of the acid is not particularly disagreeable. Should extensive areas of the mucous membrane be involved, this method must yield to the spray; and, in using this latter, I order the internal medicine to be used in smaller doses, as I use a one to five hundred solution of bichloride in an atomizer for local treatment, and a certain quantity of the mercurial is absorbed. If to these methods cleanliness and care of the teeth and gums, in case of the mouth, and of the orifices of the other mucous cavities, if they be affected, be joined, a rapid and satisfactory relief will be noted, as well as the disappearance of the mucous patches.

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**A NEW METHOD FOR REDUCTION OF FRACTURES OF THE LOWER END OF THE RADIUS.** By THOMAS S. K. MORTON, M.D., Professor of Surgery in the Philadelphia Polyclinic; Out-patient Surgeon to the Pennsylvania Hospital; Assistant Surgeon, Orthopedic Hospital.

The particular method of reducing fractures of the lower end of the radius, to be described, has proved so satisfactory during the past few years in my services at the Pennsylvania and the Polyclinic Hospitals and elsewhere, and in the hands of others to whom I have from time to time demonstrated it, that I now feel justified in giving to it wider publicity. The method is as follows:

The surgeon stands in front of the patient and interlaces his fingers beneath the pronated wrist and palm of the injured member, so that his two index-fingers lie parallel crosswise beneath the lower end of the upper fragment of the radius. The palms of the surgeon's hands are then closed in upon the thenar and hypothenar portions of the patient's hand respectively, while the surgeon's thumbs rest parallel lengthwise upon the upwardly displaced lower fragment of the radius. The parts are thus firmly grasped by the surgeon while the following movements are made: The patient's wrist is excessively extended by carrying his hand upward. When hyper-extension has thus been secured the surgeon makes powerful traction upon the wrist in the line of hyper-extension. While this traction is maintained the hand is suddenly carried into full flexion, and at the same time powerful downward pressure upon the upwardly displaced lower fragment of the radius is made by the surgeon's thumbs opposed by the interlaced index-fingers beneath the lower end of the upper fragment.

The excessive extension of the first portion of the movement has always, so far in my experience, loosened or disentangled the displaced lower fragment, while the subsequent traction, flexion, and direct thumb-pressure have not yet failed to accurately force the lower fragment into its proper position. Separated epiphysis of the lower end of the radius is likewise easily reducible by this manipulation. For comminuted or complicated or very oblique fractures, extension and moulding alone are called for in most instances.

Anesthesia is unnecessary for making a single effort at reduction by the proposed method. The patient does not anticipate what is coming, the two movements are made with lightning-like rapidity in a small fraction of a second, and in nearly every case perfect reduction has been accomplished before the patient realizes that he has been hurt. Should the manipulation fail to secure perfect reduction at the first attempt, I would not repeat the manœuvre until anesthesia had been induced, for the pain of repeating it would be intolerable. Failing in one effort, then, I would etherize and try again, first this, and afterward, if necessary, any other method that seemed advisable to secure perfect reduction. But thus far in cases that have been seen within a week of the accident I have never had to anesthetize since evolv-

ing the method mentioned; all have been reduced at the first attempt.

In cases older than one week, with displacement persisting, I anesthetize before making any effort at reduction. The new method may then first be resorted to, and will often be found the best means of performing both refracture and reduction.

For making a diagnosis I have also found a modification of this method most useful. If the surgeon will take the hand and wrist in which fracture is suspected into his hands, as above described, and, while the thumbs press firmly upon the lower end of the radius or first row of the carpus, make a series of gentle, quick, short flexions and extensions of the joint—rocking it through an arc of perhaps 25 or 30 degrees above and below the forearm as a horizontal plane—he will be astonished at the ease with which crepitus of the bones of the joint and of any small or large bony or cartilaginous fragment will be elicited. And, best of all, the diagnosis of these obscure fractures about the wrist can thus, after some practice, be brought out without giving unbearable pain to the patient. Indeed, I have often in this way, by the most gentle and practically painless manipulation, been able to clear up the nature of intricate injuries about the wrist.

By practicing the method upon a normal wrist a sufficient degree of expertness can readily be acquired; by it joint crepitation can be brought out in any wrist. It is well, however, not to practice too much or too often upon the same extremity, as excessive stirring up of the joint contents might originate a synovitis.

In conclusion, the writer desires to say that he will be gratified to have reports of the experience of others who may be tempted to employ the method here put forth.

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A GOLD CLINIC. By WILLIAM C. WILE, A.M., M.D., LL.D.,  
Danbury, Conn.

The regular profession is often stimulated to investigation by the extravagant claims made by, or the accidental discovery of, quacks, who bring their ideas to the notice of the world in such a laudatory and brazen way that the public attention is attracted and purely scientific investigation instigated. In many instances great good results by this method of exposing the vain pretensions of the charlatan.

There is no doubt in my mind, that if Keeley had not advertised his gold (?) cure for drunkenness, a pretension which has been proven fallacious, that the investigations now being carried on all over the world as to the therapeutic uses of gold would not have taken place, not at least for a long time. In the old days of medicine wonderful results were attributed to this precious metal; but of late years it has fallen into disuse as a therapeutic agent, and until recently has been but seldom prescribed. Later investigators have, however, proven that it does possess wonderful curative properties, and that applied in many cases results have been obtained that seem (not understanding the *modus operandi* of its action) little short of the marvelous.

Current literature is filled with the clinical observations of medical practitioners upon this subject, and experience widens daily as to the variety of diseases to which it is applicable; in fact it is a good deal as an old doctor said to me not long since: "If I have a chronic case that yields to nothing else, I give, on general principles, the bromide of gold and arsenic (arsenauro), and it is surprising what unexpected results I get from its use. I cannot tell the whys and wherefores of its action, nor oftentimes *why* I give it, but the stubborn fact still remains that it relieves a class of cases that nothing else will. You may say I prescribe it empirically, and so I do; and I want to say to you now, that if every doctor waited till he could tell why he did this or that in the application of his therapeutics, his patients would die before he got ready to do anything for them."

The old doctor's experience tallied so closely with mine, that I thought that it might possibly interest, if I recited a few cases from my own note book, as well as a few from the experience of others.

CASE 1.—Miss R., American, born from an old New England family, 19 years old, a resident of this city, consulted me in November last, with the history of general debility, rapid emaciation, cough, loss of appetite, constipated bowels, coated tongue and such a feeling of malaise that she simply wanted to sleep all the time. It was all she cared to do, while the slightest exertion would cause excessive palpitation of the heart, with great prostration. The family history was bad. There were the physical signs of tuberculous disease of the lungs; in fact, the whole case presented was typical of hasty consumption.

I corrected the bowels by a calomel purge, following it with one-eighth of a grain of podophyllin every night to insure a movement and proper action of the liver. She was directed to take of bovinine with one-half ounce of sherry wine four times a day, and ordered that she should have plenty of nutritious food, with perfect rest.

As for medicine, I gave alone ten drops of arsenauro three times a day, well diluted with water. It was a week before any change was apparent, and I advised that she should be at once taken to Southern Pines, N. C., for the winter. It took nearly a week to make the necessary preparations, and before they were completed a marked change began to take place. The appetite improved, the cough very gradually diminished, the night sweats ceased, and the general appearance as well as all the symptoms improved so much, we decided to wait for a little while before sending her to Southern Pines, as she was loath to leave her home and family.

From this date the improvement was slow but steady, and in two months the cough was all gone; the physical signs of the lungs now were of a normal character, she had gained twelve pounds in flesh and the prospect of her recovering health certain. To-day, though she still takes five drops of arsenauro twice a day, is apparently perfectly well.

CASE 2.—Mrs. B., the wife of one of our city's chief officials; for years had been a sufferer from the worst form of muscular rheumatism I ever saw. She was a constant sufferer when she called herself well, but when the acute attacks came on, as they did two or three times a year, she suffered excruciating agony, and the illness lasted usually, in spite of the best treatment I could give her, from three weeks to two months.

The *chief* seat of the rheumatism was in the intercostal muscles of the chest, though every muscle of the body seemed to be affected more or less. Large doses of morphine were ordered frequently to quiet her at these times, and I dreaded each attack for fear that the heart might become involved. In October last she had an attack, one of the severest I ever saw. I at once gave her arsenauro, ten drops four times a day, with such pallatives as were needed. Much to the surprise and delight of her family and myself, she commenced to improve on the fourth day. Opiates were dropped on the fifth day, she was up and about on

the seventh day, and had a rapid convalescence from that time on. I ordered the arsenauro continued *t. i. d.*, and after a month all pain ceased. I met her on the street yesterday, a healthy, happy woman and a grateful patient. She still takes five drops of the medicine once a day and I propose to keep it up for a year. This led to another case, her brother, Mr. M., American, aged 47, a resident of Bethel, Conn., who had not been able to work for two years. Was all crippled up with rheumatism, which was hereditary. When he first consulted me he was not suffering from an acute attack, but was in a bad way. Three months' treatment with arsenauro, ten drops four times a day, removed all the pain and the man is now working every day. He will take five drops twice daily for a year until all the symptoms disappear and the cure is complete.

CASE 4.—Willie McK., 14 years old, from Newton, Conn. He had the worst attack of herpes zoster I ever saw. His family physician had exhausted all the usual remedies. I advised that he take six drops of arsenauro three times a day. In three days improvement was manifested, and from that time on his recovery was rapid and uneventful.

The following cases are from the practice of Dr. R. W. Lowe, of Ridgefield, Conn., one of the prominent physicians of this section:

“CASE 1.—Mrs. B., age 42, married, has been in poor health for the past five years, the result of an extensive laceration of both cervix and perineum with chronic diarrhea. She was so depleted that an operation was out of the question, and I commenced to build her up preparatory to that event. I used the general tonics, like hypophosphites with iron and strychnine and iron and gentian, with very little improvement. Finally prescribed arsenauro, ten drops three times a day, and in two weeks she was out of bed, appetite good, and general condition so good that the operation was performed.

“CASE 2.—Miss M., age 35, maiden. Diagnosis, anemia; symptoms, general anemic condition, palpitation, dizziness, anorexia and vomiting after taking food. Treatment: stimulated liver with usual drugs; five grains of papoid and arsenauro, ten drops three times daily. She commenced to improve in ten days, and at present is a very different woman. Appetite good and the general anemic condition disappearing.

From the model in wax I made a counter in plaster of Paris, filled the counter with rubber and vulcanized it. Figs. 2 and 3 will illustrate the artificial septum. The lower part of septum is curved backward and down, and the edge flattened, D, this

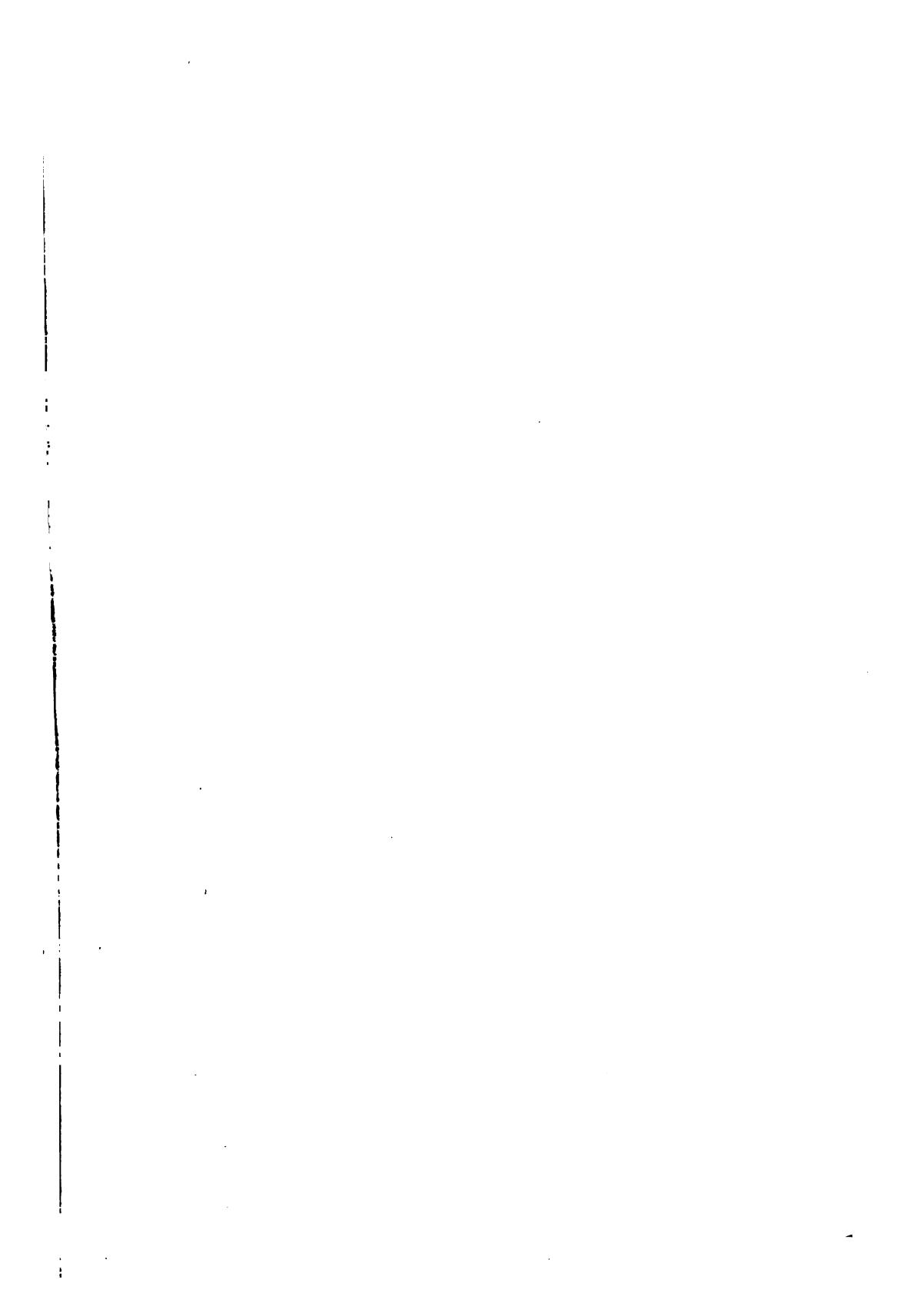


FIG. 3.

rests in front on the anterior nasal spine formed by the maxillary bones; the pressure is greatest on the floor of the nares at the apex of septum, K. The anterior part of septum presents two wings with a groove between them, C, to receive the stumps of the lower lateral cartilages where they formerly joined the cartilage of the septum. This assists in a great measure to prevent the septum being moved to one side. These wings distribute the pressure and round off the end of the nose. That portion resting on the upper part of the inter-labial fossa, I, acts as a fulcrum, and the pressure at K overcomes the resistance at C, thereby reducing the elevation of the nose caused by the absence of a septum. The perpendicular plate, B, is  $\frac{1}{16}$  inch in thickness, and is made of flexible rubber, as is also the base, D, as well as the wings, C; but the external part of the septum, H, is of hard rubber. This is the reason that flexible rubber will not meet the resistance.

All the soft rubber is colored red, while the hard rubber is tinted to correspond with the complexion of the patient. With the aid of a mirror at first, the patient is able to remove, clean and replace it at will. She has worn this septum for seven months and is well pleased.

2901 Gamble St.





FRANK M. RUMBOLD, M.D.

## Editorial Department.

FRANK L. JAMES, PH.D., M.D.,  
AND  
A. H. OHMANN-DUMESNIL, A.M., M.D.,  
FRANK M. RUMBOLD, M.D., Business Editor.  
Editors. } Publishers and Proprietors.

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## The Editors of the St. Louis Medical and Surgical Journal.

FRANK M. RUMBOLD, M.D.

The subject of this sketch assisted in the business management of the JOURNAL in 1882. In October, 1883, he became business editor, and in July, 1884, publisher and proprietor. In 1885 he sold an interest in the JOURNAL to Drs. F. L. James and A. H. Ohmann-Dumesnil, who assumed the work of the editorial department and continue to do so at the present day. In our next issue a picture of Dr. Frank L. James will appear.

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## MEDICAL TEXT-BOOKS.

An observation of nearly two decades has shown us, in a marked degree, the lamentable fact that, with hardly any exceptions, nearly all our text-books used in medical colleges are writ-

ten by eastern authors. We have always contended that there exist most excellent teachers, competent men and undeniable authority, in the West and in the great basin of the Mississippi Valley. There can be no excuse raised that there is no demand for text-books in these neglected regions, for it is a notorious fact that they teem with medical colleges. That there must be some reason for this state of affairs is but too patent, and the question which arises is as to what cause we can bring forward in explanation of this apparent discrepancy or discrimination in favor of our eastern confrères.

To begin with, the writers and teachers of the western and central portions of the United States come fully up to the average of their eastern co-laborers. The evidence of this lies in the fact that they are frequently quoted and applauded, and the few whose text-books have been published have met with literary success in their efforts. Their names seem to be widely known, but publishers seem to be shy of them. Eastern publishers, it must be admitted, have their hands pretty nearly full attending to eastern writers, and western publishers either do not have the facilities or the support to justify them in assuming the publication of works by western men.

So far as the superiority of the productions of eastern writers is concerned, it does not enter into the question at all. Residence in the East may make a man better known—it does not make him more capable. Still this element of notoriety may act as the incentive to the publisher. It may not be profitable to "work up" an obscure writer—it certainly cannot be as much so as issuing the works of one who is already well known and whose reputation is firmly established.

We have made the above few remarks to elicit some discussion of the subject purely in regard to text-books. We know that the West produces a fair number of medical works, but a glance at the announcement of any medical college will show the almost complete preponderance of text-books written in the East. It may be, as some one has suggested, that our professors are somewhat fearful of putting their ideas in the permanent form of books; but, if such be the case, the sooner this *mauvaise honte* is laid aside the better it will be for western medicine.

## MORE LIGHT!

In the microscopical technique of these latter days there are certain laws which are formulated and stated to students and beginners in order to make them more familiar with the limitations of the instrument which they use. Among these it is mentioned that the smaller the objective lens, and the shorter its focus, the greater is its magnifying power. But a disadvantage accompanies this—the definition becomes more imperfect, and its cause, a diminution of light, is in direct proportion to the amplification. So it would seem to appear in regard to the mental qualities of some of our Philadelphia cotemporaries, if we are to judge by their lucubrations.

We find an editorial in a recent issue of the *Times and Register* which strongly bears the earmarks of having been "inspired." The burden of the song is "poor old Missouri;" and yet it seems to be getting along pretty well, thanks! We have been able to stand the Chancellor of the Washington University, the railroad strike, and other small calamities, why not the puny efforts of our cotemporary? What we do object to is misrepresentation. Let us quote:

"But to Missouri: she has sown the wind and she is now reaping the whirlwind. She is the hot-bed of medical anarchy. Her once honored and influential State Medical Society, we are informed, has gone to pieces. She has only fifteen medical colleges, and at the annual meeting this year but seventeen members answered to the roll call."

This is simply rot. The State Medical Society is flourishing, and at its last meeting counted its attendance with three figures. It is as much honored and influential as it ever was, and is no more in need of Philadelphia advice at this day than it ever was. Missouri is not the hot-bed of medical or of any other sort of anarchy, and is not in half as much need of good common sense as the writer of the paragraph quoted. It may be true that our state contains fifteen medical colleges, but she needs them to supply the proper medical instruction to the large number who clamor at her gates to obtain it. So far as wind is concerned, it passes by and is not part of our stock in trade, as it seems to be farther East.

The search-light of truth should be turned upon those who try to belittle the West and its institutions. We need more light, so

as to expose them completely in their hideous nakedness and make them the well-merited objects of scorn which they should be. We can bear the taunts and sneers, as we know their source, but we will always see to it that some innocent, rightful and confiding natures are not beguiled by such blatant and shallow accusations. Moreover, we all possess too many friends in Philadelphia to permit any one to believe that such is the opinion of the profession in that city. It is simply a noisome thought from some perverted mind which has spread its slimy track across one of the fair pages of eastern medical journalism. A little more light will drive away such things.

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**The Marion-Sims College of Medicine, St. Louis, Mo.—** The current catalogue of the Marion-Sims College chronicles the fact that a dental department has been established in association with the medical school, which opens this fall for the first annual course of lectures. The new dental school starts under the best auspices, and in all its requirements is thoroughly in accord with the regulations governing dental instruction throughout the United States. The wise policy that has made the medical school so successful assures the success of the new department. As soon as expedient the managers propose to increase the departments to include all the sciences allied to medicine, pharmacy, veterinary medicine, etc.

Several important changes in the faculty are to be noted. Dr. T. B. Taylor has resigned, and the distinguished dermatologist Dr. A. H. Ohmann-Dumesnil has been elected to take the chair made vacant. Dr. T. C. Witherspoon has accepted the chair of Genito-Urinary Surgery. Dr. H. W. Loeb has been elected secretary, and Dr. Charles G. Chaddock, treasurer.

Several new features have been added to the teaching facilities, notably the surgical laboratory and the obstetric clinic. The chemical laboratory has been enlarged and remodeled.

The school is showing itself worthy of its marked success in the progressive spirit that is manifest in the constant effort to improve and perfect its medical teaching. Its diplomas are deservedly recognized wherever medical degrees entitle to practice medicine and surgery.

## Dermatology and Genito-Urinary Diseases.

**Leprosy in the United States.**—Dr. J. Nevins Hyde not long since read an article in which he advocated the isolation and segregation of lepers, claiming that it had a tendency to increase in this country. In the course of his paper he attempted to give a list of the number of cases observed in this country for a certain number of years past; but, so far as facts go, it is a very uncertain résumé. For instance, the number of cases reported for Missouri is placed at three. It is a notorious fact that more than this number of cases have been published, and many more have been observed. Ambulant cases exist to-day in St. Louis and in Kansas City, and are not observed more closely simply because those who see them are probably not competent to make a diagnosis, or else do not care to trace them to their homes and report them.

**Leprosy in Norway.**—Statistics relating to leprosy in Norway have been recently published by Dr. Bentzen. From these it appears that in 1885 there were 1,375 lepers. A little less than half of them were in leper hospitals in the country. In 1890 the number of known lepers had been reduced to 960. Of these, about 500 were in hospitals, the males being equally divided with the females. More than one-half of the total number were suffering from the tubercular form of the disease. It is stated that of 993 cases under treatment, 13 recovered, and 154 improved to such a degree as to be discharged. The duration of the disease was 12.5 years in 265 cases of death. The average duration in tubercular leprosy was 10.4 years in 182 cases, and 17.7 in 72 anesthetic cases. Out of 7,635 lepers which were observed in thirty-five years, 186 recovered. This is certainly a sign of encouragement, and the diminished number observed does not argue very strongly for the contagiousness of the disease.

**Pigmentation in Amenorrhea.**—Dr. A. E. Aust Lawrence reports a case of this uncommon condition in the Bristol *Medico-Chirurgical Journal*. The case occurred in a girl, who, at the age of 18, after menstruating, suddenly ceased to menstruate. This was in July, 1888. Discoloration of the skin began in

1889, and was as marked as a case of Addison's disease in 1890. The discoloration increased until January, 1893; then the health improved, and in June, 1893, the catamenia became once more established. During her ill-health she was weak and despondent. The treatment consisted of *vinum ferri*, 3*j.*, and *liquor arsenicalis*,  $\frac{M}{v}$ ., three times a day, burgundy, plenty of milk, and fresh air. She is now perfectly well. As a rule, this form of pigmentation occurs about the face, neck or hands; but it very much resembles the pigmentation of pregnancy. The cause is probably due to the absence of catamenia in either case. Dr. Lawrence is of the opinion that it is due to the deposition of coloring matter caused by the non-elimination of something that ought to be got rid of at the menstrual period. I am inclined to look for the cause in some sympathetic nerve disturbance, which would also explain the pigmentation of Addison's disease.

**Syphilitic Inflammations of the Ear.**—Jonathan Hutchinson says (*Arch. Surgery*): "Deafness and facial paralyses, in connection with acquired syphilis, are both extremely rare; the former is rather the more frequent of the two. I have seen several cases of symmetrical, absolute and permanent, deafness in the secondary stage of syphilis. The complication of facial paralysis, although it occurs in exactly the same class of cases and is due to the same character of lesion, is less frequent, usually less complete and more easily recovered from, and I have never seen it on the two sides at once. It is generally curable by treatment. The use of specific measures should be prompt and vigorous in any case of acquired syphilis in which the patient is threatened with deafness. More especially is this true if the deafness comes on in the secondary stage; for it then often runs a rapid course, and if it once has become complete, recovery is very rare. It is well to require a patient suffering from secondary syphilis to remain in his bed or room, and use mercury in the manner to get the most rapid effect, when he is suffering with an affection of the organ of hearing. In the tertiary stage of syphilis, when deafness occurs, it is of far less importance. It rarely proceeds to extinction of the function and is seldom permanent. One should guard to distinguish cases of deafness due to the condition of the throat during secondary syphilis."

**Dermographism.**—Under the term “dermographismus” Ehrmann (*Allgemeine Wiener Medicinische Zeitung*) describes a peculiar condition of the skin occurring under various circumstances, and depending for its appearance upon mechanical irritation. He distinguishes three degrees of this condition. In the first there appears one after another contraction of the cutaneous muscular tissue, with anemia of the parts affected, then hyperemia, and finally transudation; in the second the muscular contraction is very slight, the anemia is not so marked, and there is hyperemia of the superficial layers of the skin only; and in the third there is only transitory reddening of the skin. But the more common form of case is that in which, on the portion of skin affected, small raised patches of edema appear around the roots of the hair, so that on stroking the skin with some blunt body, or even by the pressure of the clothes, or a button, etc., only an isolated group of white papules appear, which cause an irritation of the skin, and consequently soon lose their characteristic appearance, owing to being scratched by the patient. In such cases cutaneous pruritus is diagnosed a “pruritus nervosus.” In some cases recorded the appearance closely resembles that of lichen ruber planus. Ehrmann draws a distinct difference between dermographismus and urticaria. The latter is caused by the action of some toxic substance, this being derived from some affection of the skin or of the digestive organs, or some pathological products are formed (auto-intoxication); but he admits that in some cases of urticaria, in which the nervous system is affected, that disease and dermographismus may exist together. This condition has been observed after mental excitement, such as fright, or in cases of neurasthenia and hysteria. He considers the influence of the nervous system as sufficient to produce dermographismus, and that the presence of a toxic substance is not necessary. Examination of the urine demonstrated the presence of indican in only one out of fourteen cases.

O-D.

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An International Medical Press Committee has been formed for the purpose of providing greater facilities for the report of the next International Congress.

### Excerpts from Russian, Polish and Bulgarian Literature.

**Petroleum in Diphtheria.**—Dr. M. Gottlieb, of Warsaw (*Vratch*, No. 23, 1894, p. 670), fully confirms Dr. P. I. Kostenko's observations on curative effects of crude kerosene in diphtheria (see the SAINT LOUIS MEDICAL AND SURGICAL JOURNAL, March, 1894, p. 155). The remedy was applied locally by means of a cotton-wool swab, the procedure being repeated four times daily. A rapid recovery took place in every one of the writer's five successive cases, which had been previously treated by various other means without any benefit whatever. An illustrative case is described in detail. The matter presenting a high practical interest, we reproduce here the case in its essential features.

A girl, 4 years old, fell ill on February 14, 1894, with rigor, fever, and pain on deglutition. A physician was immediately called who diagnosed faucial diphtheria and prescribed painting with a corrosive sublimate solution, and irrigations with lime water. No improvement followed. Several other doctors, one after another, were consulted, who resorted to local applications of iodine and carbolic acid, and an internal use of quinine, salicylate of sodium, etc., but the child's condition steadily grew ever worse. When first seen by the author, on March 1st, the girl was found to suffer from fever with anorexia and enlargement of the submaxillary glands; the tonsils, uvula and posterior pharyngeal wall were swollen and covered with numerous diphtherial patches. Ordered: Painting the throat with a 1 per cent. solution of blue pyoktanin four times a day; brandy, port wine, liquid food. March 2d: The patches on the left tonsil became confluent; those on the right and in the pharynx considerably enlarged. March 4th: Fever increased; profound apathy; no change locally. Pyoktanin replaced by petroleum, four paintings daily. On each occasion the swab was found to be thickly coated with a blood-stained mass of disintegrating pseudo-membranes. March 6th: No fever; the throat clean, the site of the patches being marked solely by a comparative pallor of the mucous membrane. The child asks for food for the first time since the beginning of the attack. A complete recovery quickly ensued.

**Treatment of Offensive Breath.**—In the Bulgarian weekly *Pominok* (published by Mr. Atanas Todoranoff at Rüsse), Nos. 19 and 20, 1894, p. 151, Dr. J. B., discussing the treatment of *fetor oris* due to such causes as decomposition of food residues about carious teeth, scanty secretion of the saliva, etc., warmly recommends the following gargles: 1. A "soap water (*sapünenata voda*)"—i. e., a solution of the ordinary soap. 2. A solution of 1 tablespoonful of kitchen salt in a glassful (= 200 grammes) of water, which gargle is said to be especially good for tobacco smokers with their "defective saliva secretion (*sükhost na sluenkite*).” 3. A "chlorine water"—100 grammes of chlorinated lime are mixed with 400 grammes of water, then strained through linen, and the colature perfumed with a few drops of lemon essential oil. A teaspoonful of the solution should be added to 200 grammes of gargle water on each occasion. 4. A tincture of *calamus aromaticus* and horse-radish (*obiknoven khren*) roots. A piece of each should be cut into small particles and thrown into a large bottle, the latter filled up with spirit of wine, and placed at some warm spot to stand for eight or ten days, after which the contents are filtered and used in the proportion of from a teaspoonful to a tablespoonful to each 200 grammes of gargle water. 5. An aqueous solution of permanganate of potassium (a grain to a glassful). 6. "An alcoholic solution of carbonate of magnesium (*magnesia carbonica*).” [The latter gargle is certainly unique. Up to this date we have been under the impression that carbonate of magnesium is insoluble in alcohol.—*Reporter.*.]

**Rhinological Treatment of Bronchial Asthma.**—Dr. Feliks Arnstein, of Kutno, Russian Poland, describes (*Medy-cyna*, 1894, May 5 and 12) ten cases of bronchial asthma which remained under his observation for from one to five years after having undergone a special treatment by Flack's method (cauterization of turbinate bodies, etc.). In three of the cases the operation was performed twice. None of the ten patients was cured. In one case the condition grew worse after the operation. In three (including one operated upon twice) the results were *nil* (two of them were subsequently greatly benefited by a hydro-therapeutic treatment). In the remaining six cases some relief followed, which, however, in two lasted but a few months,

and in four only a few weeks. In view of such experience (which closely tallies with that published by Drs. Lublinski, Lazarus, Ruault, etc.), the author comes to the conclusion that Flack's reflex theory of bronchial asthma is extremely sweeping and one-sided, and that his rhinological treatment of the disease proves to be very far from presenting the advantages claimed for the method by Dr. Flack himself and his followers. As to the great proportion of would-be "cures" obtained by some authors, it is thought to find an explanation in the fact that specialists used to quickly lose their patients from sight, and register a fleeting betterment (perhaps due to "suggestion") as a "recovery."

**Physiological Effects of Bicarbonate of Sodium.**—Drs. Jeronim I. Azarevitch and Konstantin M. Leplinsky, of Professor I. T. Tchüdnovsky's clinics in St. Petersburg (*St. Petersburg Inaugural Dissertations*, Series 1893–1894, No. 2, pp. 54, and No. 48, pp. 58), have carried out a set of elaborate experiments on thirteen healthy men (including themselves), aged from 19 to 35. In each instance the observations lasted for fourteen consecutive days, and were divided into two equally long stages, during one of which the subject was daily receiving 5 grammes of chemically pure bicarbonate of sodium in powder. Half of the daily dose was ingested an hour before, and the other half three or four hours after the dinner. On each occasion 50 cub. centim. of water were swallowed immediately after taking the powder. The dietary always consisted of butchers' meat, milk, butter, half-white bread, tea with sugar, and salt. The chief outcome of the research may be condensed somewhat as follows:

1. Under the influence of the bicarbonate in the said doses, the assimilation of food nitrogen slightly improves.
2. The nitrogenous metabolism somewhat decreases.
3. Oxidation processes of systemic proteids become more complete.
4. The assimilation of food fats remains unaltered.
5. The same holds true with regard to the proportion of water in feces, the daily quantity and sp. gr. of urine, and the cutaneous and pulmonary ( $\text{CO}_2$ ,  $\text{K}_2\text{O}$ ) losses.
6. The acidity of urine usually decreases (the reaction sometimes even becomes alkaline).

The bodily weight, apparently, tends to slightly increase.

**Antipyrin, Methylene Blue and Picrate of Ammonium in Malaria.**—Dr. Serghei P. Popoff, of Vernyi, Semiretchenskia Oblast, Siberia (*Proceedings of the Omsk Medical Society*, No. 5, 1894, p. 143), reports that, *a*, he tried in five cases of intermittent fevers the internal use of antipyrin, the results proving satisfactory in one case only; *b*, in other six cases he employed methylene blue, again only one recovering; and, *c*, in forty-two cases he resorted to picrate of ammonium. Of the number, five were inveterate and thirty-seven recent. Of the former category two were cured, while in the other three the drug failed. All the thirty-seven recent cases, however, ended in recovery, the paroxysms ceasing to recur, on an average, in four days. A vast majority of the cases reported were of quotidian type; the remaining, of tertian or quartan. The writer arrives at the conclusion that the picrate belongs to valuable remedies for malarial affections.

[Unfortunately, Dr. Popoff omits to inform us in which cases he used the three drugs in question; neither does he adduce any other clinical details. According to Dr. A. Stüdenetzky (whose paper may be found in abstract in the SAINT LOUIS MEDICAL AND SURGICAL JOURNAL, January, 1890, p. 45), six grains (0.375 gramme) of the picrate a day prove sufficient for all therapeutic purposes. According to Dr. Hermann Hager's "*Handbook of Pharmaceutical and Medical Chemical Practice*" (Russian edition, C. L. Ricker, St. Petersburg, 1888, Vol. I., p. 137), as an anti-malarial the remedy is usually prescribed 0.1 to 0.2 gramme, several times daily. By the way, Dr. Hager's experiments on himself seem to justify his statement that the picrate can be safely given (to adults) up to 0.2 gramme at a time, and up to 0.8 gramme *pro die*.—To supplement our bibliographic note in connection with Dr. Stüdenetzky's communication (*loc. cit.*): A paper on the picrate treatment of malaria was also published by the late Dr. Tüberovsky, of Omsk (*Proceedings of the Omsk Medical Society for 1889*). In Dr. N. Toropoff's classical monograph on "*Khinin i yeho üpotreblenyë v' Bolotnykh Likhoradkakh* (Quinine and its Use in Malarial Fevers,") 1871, St. Petersburg, p. 88, we find mention that picric acid as an anti-malarial was recommended in the *Medical Times*, September, 1863 (by Dr. Aspland, probably?—*Reporter*), in the *Drug Zdravya*, 1863, No. 4, and—by Professor Bintz—

in *Virchow's Archiv.*, Vol. XLVI., p. 129.—Curiously enough, one fails to fish out a single reference concerning the subject in Dr. Richard Neale's *Medical Digest* (Second Edition, 1882). We call that accident of ours "curious" solely because we, like many others, are accustomed to regard this truly phenomenal work as a marvelously rich and helpful book of bibliographic information, whose maker deserves eternal gratitude of the International Medical Brotherhood in general, and of its writing department in particular. Indeed, were it dependent upon the said department alone, Dr. Richard Neale would have been long ago elected honorary member of every one and all of medical and literary societies of the civilized world.—*Reporter.*]

Berne, Switzerland.

VALERIUS IDELSON, M.D.

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**A Quack Medicine of Queen Anne's Time.**—We cull the following from the *New Idea*: "Chetterback's Balsam of Balsams. Nature's Palladium. Should you chance to have your brains knocked out, or your head chopped off, two drops of this, seasonably applied, will recall the fleeting spirit; re-enthrone the deposed arch; cement the discontinuity of the parts, and in six minutes' time restore the lifeless trunk to all its pristine functions, vital, rational and animal."

**A Grim View of It.**—The death of an ossified man in Tennessee is reported. He died hard.—*Chicago Tribune.* This is as bad as the man who swallowed a thermometer and died by degrees; it suggests also the case of the consumptive undertaker who died of a coffin.—*Medical Record.* These remind us of a man who choked while eating an apple, and died of appleplexy.—*National Medical Review.* It was in a St. Louis hotel that a Pike County farmer blew out the gas, and died from gastritis.—*Meyer Brothers's Druggist.* Not any worse than the man struck by an engine; verdict, died from locomotor attacksia.—*Montreal Pharm. Journ.* Still worse the case of that pie-eating dyspeptic of Tiflis, for he died of piemia, superinduced by typolitis.—*Gaillard's Med. Journal.* The other day a negro in Southern Georgia ate six watermelons. He died of meloncholia.—*Atlanta Med. and Surg. Journ.* Not long ago we saw a trestle builder who had an aggravated case of piles.

## Medical Progress.

### THERAPEUTICS.

**Guaiacol as an Antipyretic.**—The following appears in an exchange: Friedenswald and Hayden report a series of cases in which they have used guaiacol for this purpose. They think they are justified in concluding:

1. That this drug has a powerful antipyretic action, occasioning a reduction of from one to four degrees of temperature in from one to four hours.
2. That in all cases this reduction of temperature is accompanied by profuse diaphoresis, which may or may not be accompanied by a chill or chilly sensation.
3. That great exhaustion is frequently produced.
4. That the effects may be obtained from comparatively small doses (from 30 to 50 drops), and that great care should therefore be exercised in the use of the drug. The drug should be applied but once or twice daily, and the initial dose should not be above 30 drops.
5. That the effect produced by guaiacol, though more powerful, is the same as is obtained from most of the other antipyretics of the coal-tar series, and that the same care must therefore be exercised as with the other preparations. Its effect differs widely from the stimulating cold bath in being depressant.
6. That the main indication for its use is in diseases accompanied by high fever in which the cold bath cannot be applied. It may, therefore, be especially useful in typhoid fever, as well as in all other diseases accompanied by high fever in which irritability of the stomach prevents the use of other antipyretics.

**Strychnine Nitrate Hypodermically in Alcoholism.**—Dr. Wm. B. Breed concludes an article on this subject (*Med. News*) in the following manner:

1. That we have in this drug a remedy that actually, for a period as yet undetermined, removes the desire for alcoholic stimulation in the chronic inebriate, and that without the least effort on his part.
2. A remedy that removes the distress and gnawing at the epigastrium so common upon the withdrawal of alcohol.

3. A remedy that tones up the nervous system, allays the insomnia, the flighty and other bad feelings in the head, the mental disturbances, and the tremulous agitation and uncertainty of voluntary motions due to the withdrawal of stimulants.

4. A remedy that brings back the appetite and general physical vigor of the body.

5. A remedy that temporarily transforms a wholly demoralized creature into a man.

6. A remedy that is of great value in acute attacks of alcoholism.

7. Incidentally, a remedy that is an exceedingly good and safe heart tonic.

8. More than all, a remedy that exerts a moral influence upon the patient, giving him what he had before wholly lost, to wit: hope, enthusiasm, self-confidence and courage, where was before despondency, abandonment and despair; a steady, straight-forward gaze, and a bright, youthful expression of the eye, which replaces the shamefaced, sneaking, apologetic air of total depravity of the chronic inebriate.

9. We have in the nitrate of strychnia not a remedy that will oblige a man to abstain from drink if he does not want to do so, and such subjects do not deserve one. From the results obtained by the gold cure, the silver ash cure, the Keeley cure, etc., we may conclude that we have a remedy that is as efficient as any of these, and much safer—a remedy, moreover, that is not secret, and can be used by men who know the action of drugs and can use them with discretion and safety to the patient.

**Physiological Action of Alcohol.**—Dr. David Urna, in an exhaustive study of this subject (*Ther. Gazette*), arrives at the following conclusions:

1. Alcohol in small amounts excites and in large doses depresses both the peripheral motor and sensory nerves.

2. Excessive quantities cause a spiral degeneration of the axis-cylinder of nerve-fibres.

3. Reflex action is at first increased and afterwards diminished by an influence exercised by the drug upon the spinal cord and the nerves.

4. In small amounts the drug stimulates the cerebral functions; it afterwards, especially in large quantities, depresses and finally abolishes them.

5. Alcohol causes lack of co-ordination by depressing both the brain and the spinal cord.

6. In toxic doses alcohol produces hyperæmia of both brain and spinal cord, especially of the lumbar enlargement of the latter.

7. Small doses of alcohol produce increased rapidity of the cardiac beat; large amounts a depression of the same. In either case the effect is brought about mainly through a direct cardiac action.

8. The drug in small quantities causes a rise of the arterial pressure by a direct action upon the heart; in large amounts it depresses the arterial pressure similarly through a cardiac influence.

9. In large doses alcohol enhances coagulation of the blood; in toxic quantities it destroys the ozonizing power of this fluid, causing a separation of the haemoglobin from the corpuscles.

10. Alcohol in small doses has little or no effect on the respiratory function; in large amounts it produces a depression of both rate and depth of the respiration through a direct action on the centres in the medulla oblongata.

11. The drug kills by failure of the respiration.

12. On the elimination of carbon dioxide alcohol exercises a varying action, sometimes increasing, sometimes decreasing such elimination.

13. The action of alcohol on the amount of oxygen absorbed also varies, and may be said to be practically unknown.

14. The drug lessens the excretion of tissue-waste, both in health and disease.

15. In small amounts alcohol increases the bodily temperature; in large doses it diminishes the same. The fall of bodily temperature is due mainly to an excess of heat dissipation caused by the drug.

16. Alcohol, in sufficiently large amounts, has a decided antipyretic action.

17. In moderate amounts alcohol aids the digestive processes.

18. Alcohol diminishes the absorption of fats.

19. The drug exercises a varying influence on the amount of urine secreted, but it probably increases the activity of the kidneys.

20. In large doses, or when continuously used for a long

time, alcohol produces cirrhotic changes of hepatic especially and paralysis of spinal organ.

21. Alcohol is mainly burnt up in the system when taken in moderate quantities, but when ingested in excessive amounts it is partly eliminated by the breath, the kidneys and the intestines.

22. Alcohol is a conservative of tissue, a generator of vital force, and may therefore be considered as a food.

**Salophen in Intestinal Diseases** —The application of the doctrine of antisepsis to the intestinal tract has effected an important change in the treatment of such prevalent diseases as summer diarrhea, cholera infantum and morbus, typhoid fever and dysentery. Among the intestinal antiseptics in common use, the salicylates and salol have received a large share of attention. It has been found, however, that these remedies have certain disadvantages which greatly tend to limit their utility. They not infrequently produce toxic effects of greater and less severity, and on account of their irritant effects on the stomach disturb the digestion, which is usually impaired in cases of gastro-intestinal disease. Fortunately we have in salophen a remedy which possesses the full therapeutic properties of salol and the salicylates without their toxic effects. Salophen is tasteless and odorless, and as it passes unchanged through the stomach will not excite digestive disturbances. It undergoes decomposition in the intestines and is split up into salicylic acid and acetyl p. amido-phenol. The latter substance is perfectly innocuous, thus differing from the phenol element of salol, which has been known to produce toxic effects. The fact that Dr. Siebel was able to take as much as seventy-five grains of salophen in a single dose, without the least discomfort, speaks well for the safety of this remedy. It is probable that in its action as an intestinal anti-septic, both of the above products of its decomposition take a part. Dr. H. A. Hare speaks very favorably of salophen in the treatment of cholera, considering it, theoretically, much better than salol, because it is less poisonous. Dr. Caspar, in reviewing the modern treatment of typhoid fever, also regards this remedy as a very important intestinal antiseptic. Salophen is, therefore, deserving of a careful trial in that large class of diseases of the alimentary canal which are due to bacterial infection, and here it will prove safe, agreeable and reliable.

## PHYSIOLOGICAL AND PATHOLOGICAL NOTES.

**Hydatid of the Brain.**—Hawkes (*Australian Medical Journal*) has reported the case of a boy, six and a half years old, who a week before coming under observation had a convulsion, in which the body became stiff and the face pale, but without cry or biting of the tongue. On inquiry it was learned that the child had attacks of vomiting at intervals of one or two weeks' during the previous four months; his mental condition had become dull; he was less inclined to play than formerly, preferring to lie down and sleep during the day. He had for two weeks complained of pain in the right frontal region, and during this time the right eyelid had been observed to droop and the gait to be a little unsteady. The child had gained flesh. The water supply of the family was taken from a creek. The boy was well nourished and without external evidence of disease. Vision with the right eye was impaired and the pupil was dilated and fixed. The left eye, which turned inward, was normal. On ophthalmoscopic examination, the retina of the left eye was seen to be of a bright pink color, that of the right bright red; the vessels were plainly seen. There was no tenderness on percussion of any part of the skull, but the child frequently put his hand to the right side of the forehead. There was general paresis of the muscles of the extremities, the grasp being weakened equally on both sides. A diagnosis of tumor of the brain was made, but an opinion as to the location was not ventured. The condition of the child underwent little change for two weeks, when he became unconscious; the temperature rose to 102.5; there was complete flaccidity of the extremities, and there was no response to the hardest pinch; both pupils were widely dilated, and the cornea reflex could not be elicited. This condition continued for thirty hours, when the child showed signs of returning consciousness. Improvement gradually took place, and in the course of two weeks the boy was able to answer questions and recognize voices. At this time there was complete amaurosis and both pupils were dilated, particularly the right; ptosis of the right lid was not so marked as it had been; the sense of smell was completely lost; taste was impaired. The child was unable to stand without support; when in the erect position his head inclined forward and toward the right shoulder, and the whole body had a tendency to fall toward

the right side. Sensation was not deranged. The pupils were widely dilated when the child was awake, but contracted when he was asleep. Two days later there was slight paralysis of the right side of the face, only noticeable at times; the tip of the tongue deviated to the right, and there was some difficulty in swallowing. The probability of the existence of an hyatid growth implicating the motor area in the right cerebral hemisphere, as well as the right hemisphere of the cerebellum, led to the consideration of operative interference, but upon consultation this was deferred. The child died on the day fixed for trephining the cranium over the ascending parietal convolution at the junction of its middle and inferior thirds. Upon post-mortem examination a large hyatid cyst was found in the right cerebral hemisphere, extending from the cuneate lobe to the fissure of Rolando; the bones of the skull were thinned; the dura mater was congested, and there was a large blood-clot in the torcular Herophili, extending into the lateral sinus. The cyst presented in the longitudinal fissure through an opening about the size of a five-dollar gold piece.

**The Influence of the Liver in the Development of Pancreatic Diabetes.**—Although we have learned that certain lesions of the central nervous system and destructive changes in the pancreas respectively are attended with glycosuria, the etiology and pathology of diabetes mellitus are yet unexplained. Whatever the chemic and metabolic changes upon which the excretion of sugar in the urine depends, there is evidence that no small part in the morbid process is played by the liver, of whose multiplicity of function we really know comparatively little (*Med. News*). There is good reason for believing that under normal conditions the liver either stores up or converts into other bodies a substance allied to sugar, and which, under certain morbid conditions, appears in the urine as glucose. Additional evidence of this influence of the liver in the development of diabetes is furnished by the results of some experiments detailed at a recent meeting of the Berlin Physiological Society by Marcuse (*Münchener medicinische Wochenschrift*), who undertook to determine if the diabetes that appears after extirpation of the pancreas manifests itself in case the liver is also removed. As the animals experimented with were likely to die sooner in consequence of the two operations than after extirpation of the pancreas alone, the

question arose as to whether or not the animals would live long enough to afford time for the development of the diabetes. To decide this point, a series of observations were made upon nineteen frogs. It was found that in the twelve of these in which diabetes developed, this appeared within the first day or two, the animal living on an average for five days. The proportion of sugar contained in the urine, as determined by polarization, equalled 0.4 per cent. In a second series of almost parallel cases, both liver and pancreas were removed, with the result that in not one of the animals did diabetes develop. These animals lived for from one to five days after the operation. The amount of urine excreted was considerable, though not so great as in the case of the animals from which the pancreas only had been removed. In explanation of the influence of the liver in the development of the diabetes that follows removal of the pancreas, it is suggested that there is formed in the liver a substance that, while not itself sugar, is yet of importance in the development of diabetes (perhaps a sugar-forming ferment), or that certain elements in the blood that are acted upon by the liver remain in the circulation after extirpation of this organ, and bring about decomposition of the sugar present after extirpation of the pancreas.

**Determining Leucocytes.**—Dr. Elzholz recently gave his experience and the result of his examination of the morphological elements of the blood both in regard to quality and quantity. Erb's method, he said, was far too delicate and unreliable in practice. The apparatus known as Thomas Zeiss' enumerator was also defective. Where the sheaves were thick the leucocytes escaped diagnosis, although present in abundance. The most rational method of determining with accurate results is either by diluting the blood, when the red blood corpuscles can be destroyed and the white preserved, or by determining by a micro-chemical substance which will attack the leucocytes. The latter method might be conducted with a solution of the following composition:

R	Two per cent. eosin solution.....	7 grammes.
	Glycerin.....	45 grammes.
	Aqua distillata .....	55 grammes.

The whole to be shaken three or four minutes.

Another mixture of four drops of concentrated solution of gentian to fifteen of water and one drop of alcohol, to be shaken

for five minutes. The enumeration can then be made by means of Zappert's modified form of Zeiss' chamber. The polynuclear leucocytes will appear strongly colored, while the eosinophile cells will assume their violet-red characteristic color, and the other leucocytes the blue tint. A small number of cells in Ehrlich's preparation which are never colored are also left colorless by this test, which seem to be the transitional form of cell. In all his control experiments he found this coloring mixture was free from the usual blemish of destroying any of the leucocytes, and considered it most reliable in the diagnosis of leucocytosis. It had also the advantage of rapidity and accuracy. It has the disadvantage of Ehrlich's method in not diagnosing the lymphocytes from the mononuclear transitional form; neither do the specimens come out so prettily as in Ehrlich's preparation.

#### DISEASES OF WOMEN AND CHILDREN.

**Child Crying in Utero.**—Dr. Jas. A. Simpson reports the following (*Occ. Med. Times*):

"On May 16th, 1894, I was associated with Dr. Wemple in a case of confinement in South San Francisco. The mother had been in labor for some hours, the cervix was well dilated and the breech presenting. The natural forces seemed insufficient to effect delivery, and it was decided to perform extraction. Accordingly, the mother was anæsthetized, the hand introduced and one foot brought down.

"As soon as the foot appeared at the vulva, the cry of a child was distinctly heard by all present. The sound was somewhat muffled, and seemed as though it came from under the bed. The cry was repeated a number of times, but ceased as soon as the head engaged in the superior strait.

"Delivery was effected as rapidly as was consistent with safety to mother and child. The latter was born asphyxiated, but soon revived, breathed and cried again. There was no evidence of liquor amnii or mucus having been drawn into the air passages. The child is now alive and well.

"The explanation of this phenomenon is simple enough, for in the operation of bringing down the foot air entered the uterus, and the child breathed and was so enabled to utter the cries."

Dr. Grandin has reported a case in which the child died during delivery. A similar case was published in the *Medical Press and Circular*.

In a medico-legal way this subject may be of some importance, since the fact that a child has breathed, when proved by post-mortem examination of the lungs, is considered proof positive that it had had an independent extra-uterine existence. In the two cases that died during delivery this would certainly be an error, for had the lungs been examined evidence of respiration would have been found, and yet both were born dead.

**Adenoma of the Body of the Uterus.**—At a recent meeting of the Harveian Society, of London (*Med. Press*), Dr. Boxall related a case of adenoma affecting the body of the uterus. The patient is 50 years of age, a widow, who for five or six years had suffered from irregular haemorrhage from the womb, associated with a tumor in the lower part of the abdomen. Her general health had not appreciably suffered except for the loss. A year ago she consulted an eminent gynaecologist, who regarded the case as one of uterine fibroids, and prescribed ergot in full doses. The medicine failed to check the almost continuous loss. On examination the irregular mass felt by the abdomen gave the impression of uterine fibroids. The vaginal examinations confirmed this impression, for the mass was obviously an enlargement of the body of the uterus and was freely mobile. The cervix was healthy. Rest and ergot failing to give relief and the loss increasing, it was decided to dilate the cervix and to explore the cavity of the womb under an anaesthetic. It was then found that the main portion of the mass was composed of material the consistence of brain-matter, which broke down and bled freely when touched, apparently springing from the posterior wall and fundus, but whether in the form of a polypus or not it was impossible to determine. By means of the curette as much as possible was rapidly removed. The debris deprived of blood weighed 2 lbs. 10 ozs. The loss ceased. For a fortnight there was a slight discharge tinged with blood, but none at all for the last six or seven weeks. The uterus, still irregular in shape, contracted down to a ten weeks' gestation, and is now freely mobile on manipulation. A small portion of the mass was preserved for microscopic examination, and on section shows nothing but typical tubercular glands lined by a single layer of columnar cells without proliferation and possessing a distinct lumen. The specimen was exhibited.

**Castration in Females.**—In a paper on this subject (*Prov. Med. Jour.*), Dr. C. H. F. Routh arrives at the following conclusions:

1. The ovary besides being concerned in ovulation secretes especially, but in conjunction with other glands, a peculiar principle, spermin, which being reabsorbed into the blood is the most useful in its nutritive, oxygenating and recuperative power to maintain the well-being of the female, and the want of which leads to bodily and mental debility.
2. Complete castration of females leads to forced sterility, and in many cases to the induction of an earlier menopause and premature old age, and frequently to decay and perversion of mind. Partial castration produces the same effects in a minor degree.
3. The mortality of cases of diseased adnexa left to themselves varies from *nil* to 4 per cent.
4. But the mortality of cases operated on by abdominal section varies from 2.5 per cent. to 12.1 per cent.
5. Complete castration has been practiced too frequently, and often unnecessarily.
6. Preceded by abdominal section, the modes of operating more conservatively, by partial castration and resection of tubes, or tubes and ovaries combined, and by ignipuncture of cysts in the latter, give much more satisfactory results with less mortality even in cases of pyosalpinx, and with no impairment of motherhood and power of child-bearing.
7. The mode of treating the diseased appendages per vaginam and rectum, without abdominal section, by acting on the uterus itself, by electricity even in cases of gonorrhœa, pyosalpinx, and puncture by aspirator offers the greatest advantages, the mortality being almost *nil*, the recoveries durable, and the motherhood is left intact.

#### SURGERY.

**Treatment of Tuberculous Disease of the Hip-Joint.**—In a paper read before the Congress of the German Surgical Association (*Int. Jour. Surgery*), Prof. von Bruns detailed the results of the analysis of the cases of coxitis observed during the last forty years at the surgical clinic of Tuebingen. He excluded all cases in which no accurate history was at hand, and

those occurring during the last three years. On the ground of a careful study of the remaining 390 cases, he presented the following important conclusions: 1. Tuberculous coxitis attacks almost exclusively youthful individuals; one-half of the cases occur during the first decade, one-third during the second. 2. One-third of all coxitis cases run their course without suppuration; in two-thirds abscesses and fistulae are formed. 3. Of the patients treated by conservative methods 53 per cent. got well after an average duration of the disease of four years. 4. In 40 per cent of the cases treated conservatively, death occurred on an average in three years from tuberculous affections of other organs, especially the lungs, meninges, and in consequence of general miliary tuberculosis. Death from amyloid degeneration of the abdominal viscera after protracted suppuration is much more infrequent. 5. The prognosis is greatly influenced by the absence or occurrence of suppuration. Of the former cases 72 per cent. were cured, of the latter only 22 per cent. 6. The age of the patient is also of great significance in the prognosis, which becomes worse with increasing age. 7. A large proportion of those cured die subsequently from tuberculosis, viz.: 6 per cent. during the first decade; 2.9 per cent. during the second decade; and 7 to 24 per cent. during the period from twenty to forty years. As regards functional results, few of the patients deserved the epithet of cripples. Shortening was partially due to disturbance of growth, amounting on the average to 2cm., and partially to elevation of the pelvis on the diseased side. Both together amounted on the average to 7 cm. The results of resection are impaired by the circumstance that two-thirds of all cases of death from coxitis are attributable to tuberculosis of other organs.

**Stricture of the Rectum and Sigmoid Flexure.**—Dr. Joseph B. Bacon (*Matthews' Medical Quarterly*) has devised the following novel procedure for dealing with obstinate strictures of the rectum and sigmoid: Where the stricture is high up in the rectum or sigmoid the patient is anesthetized and placed in extreme Trendelenburg's posture and a median laparotomy incision is made from the pubes to the umbilicus. This incision enables the operator to see the rectum and determine how much of the sigmoid he must use to fold over the stricture and anastomose

below. This having been determined, the sigmoid is drawn well up into the wound and clamped above and below the point selected for anastomosis. The male half of a medium-sized Murphy's button is then fixed into the gut at this point in the usual way. The operator then scarifies the portions of the sigmoid and rectum that are to be approximated. The next step is to place the female half of the button in position just below the stricture, and it is done as follows: An assistant places this half of the button over the trocar point and passes it through the anus and up the rectum to a point just below the stricture, keeping the trocar towards the anterior wall of the gut. The operator, by pressing over this point with a dressing forceps, causes the trocar to perforate the wall of the intestine and carry the neck of the button with it. The two halves of the button are then approximated and the anastomosis is complete. Two or three sutures are then placed in the peritoneal layers of the gut and rectum in order to approximate the scarified surfaces and thus produce a firm septum. The abdominal wound is now closed and the button left to liberate itself, which it does in about seven to nine days. A long, narrow clamp is then introduced in the opening made by the button, and the septum produced by the folded gut together with the stricture is grasped between its blades. The clamp is tightened from day to day until it cuts its way through. This occurs in about three days. The caliber of the rectum is thus increased by that of the gut brought down. The severed edges of the stricture do not unite, because the healthy gut utilized in forming the new channel around the stricture acts as a connecting link between them. When the stricture is low in the rectum the Kraske method may be used for access to the parts. The chief advantages alleged for the method are that it obviates the necessity of an inguinal anus and permits of the complete division of the stricture without danger of its reforming.

**Is Cancer Infectious or Contagious?**—This question asked, as we well know for many years of tubercle, has, under the brilliant researches of our day, been answered in the affirmative, and since its settlement with reference to tubercle, the question has been and still is most anxiously asked of "cancer," the word being used generically as applying to all forms of malignant neoplasm (*Am. Pract. and News.*)

It is perhaps not as yet scientifically demonstrated that cancer is a disease of parasitic origin; but in view of the behavior of the disease and recent results of its etiological study there can scarcely be any doubt in the mind of the enlightened physician that it is so.

The *Boston Medical and Surgical Journal* of the 9th instant calls attention to the recent interest stirred up in England upon this topic by the publication in the *British Medical Journal* of Mr. Shattock's Morton Lecture:

Mr. Shattock having again called attention to the fact that cancer, like tubercle, may repeatedly show itself in certain houses, as an argument in favor of a definite parasitic etiology, several communications have been made to the *British Medical Journal* of such interesting cases; so that it would appear to be a more common occurrence than has been supposed. A single example in a physician's practice might easily be considered coincidence unless confirmed by other cases. The collected evidence of many such authenticated cases, where family relationship and heredity can be ruled out, would be of great service in establishing data for further proof. Among the more striking of the cases reported are the following:

Mr. D'Arcy Power, of St. Bartholomew's Hospital, reports this instance: "Miss B., aged 45, lived in a certain house in the suburb of London for thirteen years, and died of cancer of the stomach in 1884. Miss T., aged 47, then succeeded to her place and bedroom. She had lived in the house for twenty years, and died of cancer of the liver in 1885. Mrs. J., aged 67, who had lived in the house then for eight years, succeeded to the place and took the bedroom successively occupied by Miss B. and Miss T. Mrs. J. died of cancer of the breast and uterus in 1893. Each of these patients appeared to be in perfect health until they took one another's place as housekeeper in the building in which they had lived so long."

Mr. Shattock has previously reported a series of four cases of cancer, three fatal, occurring within fourteen years, in persons unrelated by blood, who were living in a single house.

Mr. Blyth's cases were even more striking: "Three successive tenants of a house died of cancer. Mrs. V. frequently visited the last of these tenants, to whom she was not related, and subsequently died of cancer of the breast and lung. Her niece, a

girl of fourteen, slept with her and nursed her. She, too, developed a mammary cancer, which was operated upon with success."

The following case was reported in 1892 by Drs. Fabre and Mollière: "In 1873 the owner of a well-built house in Lyons, occupied by well-to-do tenants, died of cancer of the stomach at the age of eighty. He had always lived on the first floor. Four years later a tailor, aged 45, who lived in the *entresol*, died of cancer of the stomach. Three years later the porter, who had always been strong and well, died, at the age of 55, of gastric cancer. Two years later a man of 35, living on the second floor, died of cancer of the cervical glands."

The latest series reported is equally interesting. Dr. Scott, of Glasgow, attended three cases having this history: "J. K., aged 50, employed as a night watchman, and occupying a house of two rooms, died of cancer of the liver. J. L., 54, succeeded to house and work, and died within two years of cancer of the bladder. A. L., 60, under similar promotion, died of cancer of the stomach in eighteen months. All were previously healthy, unrelated, and without any hereditary transmission."

Even more curious is Dr. Chapman's series of three successive unrelated occupants of a house who became affected with cancer of the rectum.

The above are certainly very significant facts. Their moral, however, is more far-reaching than the hygiene of cancer. It is that no house, at any time containing cases of infectious or contagious disease, should be occupied by the healthy until it has been thoroughly disinfected by sanitary experts. Houses, more than any other thing, are the conservators, propagators and conveyors of the germs of disease.

**The Early Diagnosis of Uterine Cancer.**—Dr. Ernest Herman lays stress (*Brit. Med. Jour.*) upon the importance of an early diagnosis of cancer of the cervix uteri, for the reason that secondary growths occur later and less often with cancer of the uterus than with that of any other part of the body, and, if it is removed, there is a better prospect of freedom from recurrence than in any other form of the disease. This disease occurs chiefly toward the end of the child-bearing period, but it has been seen in childhood and in extreme old age, and therefore the patient's age should not influence the diagnosis. A tendency to

cancer is sometimes hereditary, but this should not have the slightest weight, as only a very small proportion of patients inherit the disease.

The first symptoms of cancer are usually hemorrhage and leucorrhea; pain and wasting come later. The early diagnosis is so important, says Dr. Herman, that any unusual hemorrhage or discharge in a woman who has had children is a reason for vaginal examination, for it may be the first symptom of cancer, and the nature of this disease cannot be determined without local examination. In considering the local signs, the features which distinguish cancer in any part of the body must be taken into consideration.

When cancer begins as an outgrowth from the surface it may look like a growth of warts, or papillæ, or granulations on the vaginal portion, and the surface feels uneven, or even rough. It can be detected by an angry, livid red spot, the surface of which is at first quite smooth. This angry color depends upon the vascularity caused by the new growth and upon its tendency to break down, which leads to minute hemorrhages into the growth before the breaking down is extensive enough to make a breach of the surface. The livid surface of a cancer spot bleeds on being rubbed, so that a smooth, dark red spot, bleeding on contact, is very suspicious. This is the earliest stage of cancer, and if there is a nodule that can be felt, the suspicion is still stronger. If the cancer has so advanced as to form a growth like a mushroom or a cauliflower, the diagnosis can scarcely be doubtful.

With regard to microscopical diagnosis, Dr. Herman thinks that the value of the microscope has been overestimated, and that to rely upon its use may lead to many mistakes. It may now and then, he says, reveal cancer in a doubtful case, but negative microscopical evidence should never be trusted. The characters seen with the naked eye and the behavior of the growth should always be taken into account as well as its histology, and if the two conflict, the behavior is the more trustworthy. If the case is a doubtful one, behavior of the suspicious part under treatment is the best test. One or two applications of strong carbolic acid will improve the local condition, and the diseased part will cease to bleed on contact. If the disease is cancer, these applications will stimulate its growth, and the local changes will be more pronounced after such treatment.

[September,

## Society Proceedings.

### GYNECOLOGICAL AND OBSTETRICAL SOCIETY OF BALTIMORE.

WILLIAM S. GARDNER, Secretary.

Sixty-fifth meeting; the President, Dr. Thos. A. Ashby, in the chair.

Dr. James M. Craighill read a paper entitled "The Effect of Bicycle Riding on the Female Pelvic Organs."

The very extensive use of the bicycle by both sexes and the increasing number of female riders naturally causes the medical advisers to inquire into this popular sport and consider as to the advisability of its indulgence; or, like the sewing machine, should it be condemned?

Much has been written in the daily press for and against this form of sport, also some little in the various medical journals of this country and Europe; but I have been unable to find a word relative to the female cyclist after reference to all the medical writings at my disposal.

During the past six or seven years' observations among my own patients and acquiring as much information as I could collect about other female cyclists, leads me to think that the exercise is very beneficial to them, especially with the improved machines of the present day, and should be encouraged in moderation.

It is needless to say that this form of athletic sport, like any other, can be very much abused; such as overtaxing the muscles by trying to ride hills too steep, riding too far and too fast, not sitting properly on the wheel, and many other ways that might be mentioned. The fad among the male riders at the present time is to have the handle-bars of the machine so low that many of them sit with their bodies at an angle of forty-five degrees. While it is obvious that this is a very injurious custom in many ways for the male, it would be much worse for the female, and as far as I know none of the latter sex have been so foolish as to adopt that position.

Nothing will more rapidly improve that class of anemic women which every medical man meets in his daily rounds suffering

from backache, ovarian pain, leucorrhea, etc., caused by a general relaxed condition of the pelvic organs, in unison with her general run down condition, than proper exercise; and it is the custom among physicians to advise women suffering in this way to exercise in open air, this being regarded as much more likely to do good than the various tonics that are prescribed in such cases. The exercise usually consists of a walk of possibly a mile for the first day or two, but becoming tiresome is not tried long enough to do good. If our patient is put on a bicycle she soon becomes very enthusiastic, and indulges whenever an opportunity presents itself; and if properly instructed wears loose clothing with no corsets, sits erect on her wheel, exercising every organ and muscle in her body, and as her course naturally leads her out of the city, she gets the benefit of the pure country air and her exertions make her breathe in much larger quantities than ordinarily, thus purifying her blood and adding health and strength directly to that part of her body to which our attention is directed in this paper. This is a very different picture from her sister bending over the sewing machine, usually in a close room, with her corsets drawn tightly, crowding all of the abdominal contents down on her pelvic organs, with the subsequent congestion and the many female troubles of which we are all familiar.

Horseback riding is probably the next best exercise to the bicycle; but from a financial as well as gymnastic point of view, also general convenience, the cycle is the best.

Of course there are many conditions of the female organs that would prohibit this exercise which are unnecessary to mention; but any condition that would admit of the equestrian exercise would be much benefitted, and most troubles in which any kind of self-exertion would be of benefit can for the reasons given be safely prescribed.

It is even customary with some to ride during the menstrual period and apparently with no harm resulting, although the writer of this paper would include riding at that time among the abuses.

A few cases of pregnant women riding have come under my care; and while the number of cases are too small to arrive at any definite conclusions, still it is the writer's opinion, if the woman has been accustomed to the exercise before she became in

that condition, it will not injure her to continue it with proper care during the first six months of her gestation. A novice would run great risk of doing herself much injury in that condition from the exertion, numerous falls, etc., due to inexperience.

One of my patients, a well developed young woman, had been riding her wheel several years before her marriage, and continued to do so after she had become pregnant and until she was about six months advanced, notwithstanding she had been cautioned by me to desist. Her wheel (at that time the best to be had) was of the solid tire pattern, heavy and hard to propel; and, using no care in straining when riding up hills or over rough roads, she had a right occipito posterior position. After a difficult labor, I delivered her with forceps with a resultant badly torn perineum and bowel, which was repaired by a secondary operation. After her recovery she again took to the wheel, and is one of the best female cyclists in this city to-day, and has never had the least uterine trouble since that date, now five years ago, although she has had several abortions, which the writer has reason to think were brought on intentionally on her part.

Another patient had been riding a number of years before marriage, and continued the exercise regularly up to two months before the birth of her child. She rode a very easy running wheel with pneumatic tire, and during the last few months was on a tandem wheel with her husband.

My former experience with a pregnant bicyclist caused many misgivings on my part about her riding at all after she became in that condition. She continued to do so after being warned not to pull up hills or exert herself very much at any time. The instructions were obeyed, and her confinement was in every respect normal, with very little pain and one of the easiest labors I ever attended. There has been no subsequent uterine trouble.

The history of the next case was gotten from the husband, as she has never been treated by me.

Mrs. L., age 27, mother of two children, had suffered much from uterine trouble, probably a partial procidentia, with great pain during menstrual period. Before commencing the use of the wheel she had been treated by several physicians for her trouble, and had found some relief from a pessary.

She had ridden very little before the birth of her first child and had an extremely difficult labor. When pregnant with her second

child, rode up to the fifth month, and at her second delivery had just the reverse of her first—an exceedingly easy time of it. During the past seven years has exercised regularly on her wheel, and has had no uterine trouble whatever. While the writer admits this woman may have been cured by becoming a mother, still I am inclined to attribute much of her improved health to the outdoor exercise on her wheel.

I could mention other cases where the patients suffered much from dysmenorrhea until they adopted the wheel for exercise, and then suffered very much less during their periods or were free from pain entirely.

While the few cases I have cited in this brief paper prove very little, still I thought in writing it I might call the attention of the members of this Society to the many good effects to be derived from this very attractive sport and health-giving exercise.

613 Park Ave.

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**What Becomes of Old Diplomas?**—The *Medical Record* gives the following solution of this question: "An advertisement in a daily paper of recent date furnishes a partial solution of the problem as to what becomes of the diplomas of deceased physicians. The advertisement in question offered for sale the diploma of a physician who had recently died. The price asked was \$50. The advertiser, when he learned that such a sale would be contrary to law, discreetly withdrew his offer, which he said he had made on behalf of the widow."

**Women Doctors in America.**—According to a statistical report drawn up by M. Louis Frank, of Brussels, there were in 1893 on this side of the Atlantic fully 2,000 women practicing medicine in one or the other of its forms and inclusive of 130 homœopathists (*Ex.*). The majority were ordinary practitioners, but among the remainder were 70 hospital physicians or surgeons; 95 professors in the schools; 610 specialists for the diseases of women; 70 alienists; 65 orthopedists; 40 oculists and aurists; and, finally, 30 electro-therapeutists. In Canada there is but one medical school exclusively devoted to the training of medical ladies; but in the United States in 1893 there were ten, one of them being a homœopathic establishment.

### Book Reviews.

**Diseases of the Skin.** An Outline of the Principles and Practice of Dermatology. By MALCOLM MORRIS. 12mo., pp. 556. With Eight Chromo-Lithographs and Seventeen Wood Cuts. [Philadelphia: Lea Brothers & Co., 1894.]

The talented editor of the *British Journal of Dermatology* has presented to us in this little book the most complete work on dermatology, of its size, which has yet appeared in the English language. He considers nearly all the diseases of the integument at length, with the exception of the rarer ones, which do not occur in the temperate zones, and which he has had no opportunity to observe. These are more or less summarily disposed of, but references are supplied which will enable the reader to pursue a study of the subject if he feel so inclined. Whilst not too discursive, sufficient discussion on some of the non-adjudicated questions is given to permit the reader to arrive at some conclusion. The book before us is by no means a condensation of other works, but bears the stamp of original observation and investigation, and, although other writers are liberally quoted, the accusation could never be made that any copying had been indulged in.

In his consideration of seborrheic eczema, Morris is inclined to deviate from the name given by Unna. Whilst some writers look upon it as a seborrheic dermatitis, he regards it as hydrosis oleosa. He is disposed to accept the view of Beatty, that the coil glands do not secrete fat. However, this is still a matter for investigation.

There is no classification given in the book, but the author groups diseases according to their proved or probable etiological affinities. We are pleased to note that he gives proper prominence to, and lays stress upon, affections dependent on nerve disorders. In this list he includes many which are classified under entirely different heads by other authors, and it merely emphasizes the general opinion that the classification of skin diseases which is without fault has not yet been devised.

A particularly good chapter is that on the principles of diagnosis. A careful study of this will prove helpful, not only to the beginner, but to many who think that they have a good working knowledge of dermatology. A number of interesting and important points are brought up in such a manner as to impress the reader with the extreme importance of accurate observation and careful questioning. Many peculiarities in connection with eruptions are brought out in such a way as to prove useful in preventing hasty conclusions.

The plates and wood cuts are all good and thoroughly illustrative of the text. Our only regret is that there are not more of them. Mechanically this little book is above the average. Clear type, excellent paper, good presswork and elegant binding all conspire to make it in harmony with its contents, and it reflects credit upon the author and publishers alike. O-D.

**An International System of Electro-Therapeutics.** For Students, General Practitioners and Specialists. By HORATIO R. BIGELOW, M.D., and Thirty-eight Associate Editors. Thoroughly Illustrated. Royal Octavo, pp. 1160. [Philadelphia: The F. A. Davis Co., 1894. Price, Extra Cloth, \$6.00 net; Sheep, \$7.00 net; Half-Russia, \$7.50 net.

This book is, without doubt, what it claims to be—a system of electro-therapeutics. And it is beyond all cavil the best work on this subject which has been issued up to date. The associate editors have done their work in a thorough and masterful way, and yet the guiding hand is seen in the complete and harmonious whole which has resulted from so many different minds. Of course some opinions given by different authors show discrepancy, but that is to be naturally expected. The experiences of different writers are not always identical, and, in our opinion, this difference, when stated, merely goes to prove the sincerity of those advancing them, and naturally leads a reader to place more confidence in the other statements which are made.

The principles and practice of electro-therapeutics are clearly outlined, and a most successful attempt is made to place the reader in possession of the former. As is well known, there exists a most deplorable lack of knowledge in reference to the production, action and effects of electricity, not to mention the more complicated systems of notation, mechanical devices and chemical apparatus. These are all thoroughly considered in a most perspicuous and satisfactory manner, after which the therapeutic part proper is taken up. All the different forms of electricity, from animal magnetism up, are considered. The diverse methods of applying electricity, such as galvano-massage, cataphoresis, etc., also receive attention.

The subject of electro-physiology receives careful attention, and then the wide field of electro-therapeutics is entered into. Whilst this latter occupies the bulk of the work, it is really nothing more than a recital of facts and data acquired up to the present time. Judging from the great advances made in late years, it probably constitutes but a moiety of the real applications to which electricity is applicable in medicine. This apparently incomplete knowledge is so extensive, however, as to constitute a veritable science in itself, and has become a specialty, requiring special study in order to become conversant with it. The work

before us is calculated to confer such knowledge, and it will become indispensable to every progressive physician of broad mind who meets with intricate cases. Its mere reading is an intellectual feast to the mind which hungers after knowledge, and a study of its pages will broaden the intellectual horizon of the true student of human ailments.

The work is profusely illustrated, many of the plates being artistic in character. The cuts are all apropos and very valuable as helps to a clearer elucidation of the text. The mechanical execution is in the best of style and reflects great credit upon the publishers. We hope that this "system" will meet with the financial support which it so highly deserves.

**A System of Genito-Urinary Diseases, Syphilology and Dermatology** By Various Authors. Edited by PRINCE A. MORROW, A.M., M.D. In Three Volumes. Volume III., Dermatology. Royal 8vo., pp. 976. With Illustrations. [New York: D. Appleton & Co., 1894.

This volume of Morrow's System is uniform with the two which preceded it, and it is fully up to the standard which was originally set. It is comprehensive and thorough, being, in reality, a collection of condensed monographs. The longest and best illustrated article is that by the editor on the subject of leprosy. His visit to the Sandwich Islands placed him in possession of a mass of valuable material which he has utilized in the present work. The articles, in general, show careful treatment, and in some cases the appended bibliography is evidence of extended research.

In his classification, Morrow eliminates erythema, placing them in the group of inflammations. To this there can certainly be no serious objection; but, why place urticaria in the class of neuroses and omit zona and the herpetic group? However, in the matter of dermatological classification we are always driven back to the old proverb, *de gustibus non disputandum*. Up to the present it is really nothing but a make-shift, and each one is inclined to change his ideas in regard to the subject, as well as to adopt his own, as evidenced in the works of different authors.

It would be impossible to make a critical analysis of this excellent work, but it may not be inappropriate to call attention to a few points in connection with some of the articles. The chapter on the anatomy of the skin is masterly and as complete as we could expect. It is rather surprising to find no more than a passing mention in regard to the lymphatics, when we consider the fact that Neumann wrote a classical monograph on the subject, illustrated by numerous plates. In the article on herpes zoster, the statement is made that the disease rarely relapses. It seems to be the experience of observers who have seen many

cases that it is rather prone to relapses and, in some cases, at very short intervals. The article on *atrophia cutis* is inadequate and incomplete. It by no means covers the subject and barely mentions the different forms observed, and these are not differentiated with that accuracy which the subject demands. But it is perhaps not fair to expect too many complete articles.

The work as it stands is certainly worthy of the highest commendation, and the most excellent illustrations and plates which adorn its pages are evidence of the pains which have been taken to present a valuable work to the profession. We only regret that the section on animal parasites was not enhanced by the addition of more illustrations beyond the solitary one found in it.

The publishers have cause to congratulate themselves on the issuance of this work.

O-D.

**A Manual of Instruction in the Principles of Prompt Aid to the Injured;** including a Chapter on Hygiene and the Drill Regulations for the Hospital Corps, U. S. A., designed for Military and Civil Use. By ALVAH H. DOTY, M.D., Major and Surgeon, Ninth Regiment N. G. S. N. Y.; late Attending Surgeon to Bellevue Hospital Dispensary, New York. Second Edition. Revised and Enlarged. [New York: D. Appleton & Company, 1894. Price, \$1.50.

This is a neatly bound manual of three hundred pages, containing twenty chapters and numerous illustrations, which aid very materially in explaining the different topics.

As a member of the hospital department of Light Battery "A," N. G. M., I have had occasion to observe the difficulty the battery has experienced in training ambulance corps, the members of which are not physicians, to properly perform their duties. The author is to be congratulated upon the plain and simple manner in which he has brought out the various subjects. By carefully studying this work, not only physicians but non-medical men, who are members of hospital corps, will gain a vast amount of knowledge in anatomy, physiology, etc., which will enable them to meet many emergencies.

Among the many subjects, perhaps those deserving special mention are, Fractures, Dislocations, Dressing and Bandaging, Hygiene, Hemorrhage, and Transportation of the Wounded, the latter subject being in accordance with the drill regulations for the hospital corps, U. S. A.

I regret very much that the author did not furnish us with a few remarks on the subject of nursing.

H. D. KNEEDLER, M.D.

### Literary Notes.

**Books Received.**—The following books have been received during the past month, and are reviewed in the present number of the JOURNAL:

Diseases of the Skin. An Outline of the Principles and Practice of Dermatology. By Malcolm Morris. 12mo., pp. 556. With Eight Chromo-Lithographs and Seventeen Wood-Cuts. [Philadelphia: Lea Brothers & Co. 1894.

Where to Send Patients Abroad for Mineral and Other Water Cure and Climatic Treatment. By Dr. Thomas Linn. 12mo., pp. 76. (Physician's Leisure Library.) [Detroit: Geo. S. Davis. 1894. Price, 25 cents.

An International System of Electro-Therapeutics, for Students, General Practitioners and Specialists. By Horatio R. Bigelow, M.D., and Thirty-Eight Associate Editors. Royal 8vo., pp. 1,160. Thoroughly Illustrated. [Philadelphia: The F. A. Davis Co. 1894. Price, Extra Cloth, \$6.00 net; Sheep, \$7.00 net; Half-Russia, \$7.50 net.

A System of Genito-Urinary Diseases, Syphilology and Dermatology. By Various Authors. Edited by Prince A. Morrow, A.M., M.D. In Three Volumes. Vol. III., Dermatology. Royal 8vo., pp. 976. With Illustrations. [New York: D. Appleton & Co. 1894.

A Manual of Instruction in the Principles of Prompt Aid to the Injured. Including a Chapter on Hygiene and the Drill Regulations for the Hospital Corps, U. S. A. Designed for Military and Civil Use. By Alvah H. Doty, M.D. 12mo., pp. 300. [New York: D. Appleton & Co. 1894. Price, \$1.50.

Index Catalogue of the Surgeon-General's Library, U. S. A. Edited by John S. Billings, M.D., LL.D. 4to. pp. 842. Universidad-Vzoroff. [Washington, D. C.: Government Printing Office. 1894.

Indexing a book or a journal has become an art in itself, and one of the most valuable features of a book is a complete index, constructed in such manner that no matter what is sought it can be readily found. Our attention was forcibly drawn to this in examining Bigelow's System of Electro-Therapeutics. The index to this magnificent work includes twenty-one pages of double column fine type, arranged in a thoroughly analytical manner.

The mere mention of the fact that it is the work of Dr. Witherstine will make it readily understood why it is of such a superior character.

**Where to Send Patients Abroad** for mineral and other water cures, as well as for climatic treatment, is a question which often presents itself to the physician, and a reliable guide giving such information is often appreciated. Dr. Thomas Linn has filled this requirement in a recent number of the Physician's Leisure Library Series, issued by Geo. S. Davis, of Detroit. The entire book is more in the nature of an index, and for more extended information recourse should be had to large works. It is a most excellent reference guide, however, and will prove useful in many instances. The price, post-paid, is 25 cents.

**Announcement.**—The well-known house of the F. A. Davis Co., of Philadelphia, will issue in September a work which will be most favorably received by the medical profession. It is entitled *Obstetric Surgery*, and is written by Drs. Egbert H. Grandin and George W. Jarman, gentlemen who, from their long connection with the largest and most widely known maternity hospital in the United States (the New York Maternity Hospital), are peculiarly fitted to expound the subject from the modern progressive standpoint of election.

There is no work in any language which deals with the surgical side of obstetrics so thoroughly as the present. The rules of obstetric asepsis and antisepsis are so described and simplified as to enable even the busy general practitioner to surround his patients with the same safeguards as guaranteed in well-ordered hospitals. The subject of pelvimetry, without due regard to which modern obstetric surgery cannot exist, is most tersely and exhaustively treated of. The indications under which artificial abortion and induction of premature labor properly fall are clearly exemplified. The limitations of the forceps and of version, and the beneficent results to be secured through timely resort to symphysiotomy and the Cæsarean section, are stated with the accuracy which the marvelous progress of the past few years allows. The surgical aspects of the puerperal state are carefully described, and the concluding chapter deals with the surgical treatment of ectopic gestation.

The work having been prepared from a teaching standpoint, the terse text is elucidated by numerous photographic plates and wood-cuts, representing graphically various steps in operative technique. The student and the practitioner thus, not alone may *read* what to do, but may also *see* how to act.

The work is not burdened with literature references. The authors have aimed to teach that which ample and prolonged experience has taught them is good. The net price of the volume

will be \$2.50, and it will be printed in large, clear type, on excellent paper, and handsomely bound in extra cloth. The full-page plates, about fourteen in number, will be printed on fine plate paper, in photogravure ink.

A companion volume, dealing in the same terse, practical manner with pregnancy, normal labor, and the physiological and pathological puerperium, is in active preparation by the same authors.

The International Journal of Microscopy and Natural Science for July contains the second installment of an excellent translation of the paper by Dr. Vincentini (in the *Atti della R. Accad. Med. Chir. di Napoli*) on "Bacteria of the Sputa and Cryptogamic Flora of the Mouth." The translation, made by Rev. E. J. Stutter, was commenced in the April and will be continued until the entire paper is finished. As regards Dr. Vincentini's memoir, we regard it as one of the most complete and valuable contributions to physiological and pathological bacteriology yet made. The *International Journal* is an English quarterly, edited and published by Mr. Alfred Allen at No. 1 Cambridge Place, Bath, at \$2.75 per annum. The American agents are Bailey & Fairchild, New York.

Index Catalogue of the Library of the Surgeon-General's Office, U. S. A., has just come. This is Vol. XV., and embraces authors and subjects from Universidad to Vzoroff. It is a large quarto of 842 pages, and its magnitude may be faintly imagined when it is considered that it includes 6,152 author titles, representing 3,312 volumes and 4,235 pamphlets. It also includes 8,596 subject titles of separate books and pamphlets, and 35,667 titles of articles in periodicals. The completion of this catalogue will be the fruition of an immense amount of labor and the cap-stone of a monument to the American medical profession. Dr. John S. Billings who has planned the work and brought it to such a successful issue can well afford to be proud of his achievement.

Food Products forms the subject of four reprints, from the Reports of the U. S. Department of Agriculture, from the pen of Dr. Thomas Taylor, the microscopist of the department. They deal chiefly with the edible and poisonous mushrooms of this country, and are of the highest value, not alone to botanists, but to all those in the least interested in gastronomy. Written in a most interesting style, they cannot fail to be of value and of interest to every intelligent person, and more especially to physicians.

### Melange.

The Czar of Russia has already shown a great deal of interest in the next International Medical Congress, to be held either at St. Petersburg or Moscow, in 1897, and has contributed fifty thousand roubles towards the expense of the meeting.

**Anti-Cholera Inoculations.**—There were 826 persons inoculated in Calcutta for protection against cholera during the month ending June 24, 1894. Cholera occurred in three houses in which inoculations had been made upon some of the inmates, but all cases were among the uninoculated, none of the inoculated being attacked.

**The Chinese Fire upon the Red Cross.**—The London *Daily Telegraph* says that it is stated on high authority, that in the recent combats near Seoul the Chinese fired upon a Japanese ambulance carrying men who wore the Geneva cross. They killed a doctor and some hospital attendants. Such has been the march of civilization in the Flowery Kingdom.

**Fourpence a Visit.**—An English physician advertises office consultations and medicine for fourpence; visits at the patient's house, including medicine, one shilling; attendance and medicine at the patient's home, 2s. 6d. Sixty cents a week is not an excessive charge for medical attendance, but it is probably all it is worth in the given instance, adds the *Medical Record*.

**Resignation of Pettenkofer.**—The veteran sanitarian, Prof. Max von Pettenkofer, has resigned from the University of Munich, through pressure from Berlin, exerted, as is alleged, on account of the professor objecting to certain of the anti-cholera measures recommended by Dr. Koch. It is reported that a great deal of public indignation has been aroused in consequence.

**Shampoo.**—A good shampoo for removing dandruff, etc., from the scalp, may be prepared, according to the *Pacific Medical Journal*, by dissolving borax in water, with or without the addition of a little carbonate of ammonium. Very generally carbonate of potassium is used by barbers. The proportion of these salts is about one-half ounce to the pint. A stimulating effect may at the same time be produced by the addition of some

alcohol or bay rum. We think the following a very good preparation:

R. Borax.....	3j.
Carbonate of ammonium.....	3ss.
Aromatic spirits of ammonia .....	3iss.
Bay rum .....	3iv.
Water, to make .....	1 qt.

**The Plague Bacillus.**—Several investigators in China who have been studying the plague have announced the discovery of a bacillus, the micro-organism in each case being different from all the others. Although time alone will decide which of these claims, if any, is well founded, the presumption is that Kitasto's bacillus is the true one. The disease still prevails in Canton, but has nearly died out in Hong Kong. An official report places the number of deaths from the plague in the latter city up to the 1st of August at 2,504.

**Improved Blaud's Pills.**—J. W. England, in a paper read at the recent meeting of the Pennsylvania Pharmaceutical Association, stated (*Am. Med. and Surg. Bull.*) that the usual formula for Blaud's pills—iron sulphate, potassium carbonate, tragacanth and glycerin—may be considerably simplified and made to yield a more permanent product by modifying it so as to conform with the following formula:

R. Potassium carbonate.....	gr. $\frac{1}{2}$
Potassium sulphate .....	grs. ij.
Mass iron carbonate.....	grs. iij.

M. For one pill.

Little or no excipient is said to be required. The pills flatten slightly on keeping, and are, therefore, best dispensed in capsules. They are not prone to harden or become reddish-brown, or fracture, as are those made according to the old formula.

**A Fraud.**—The following appears in the *Lancet-Clinic*:

PIQUA, O., August 14, 1894.

*Editor Lancet-Clinic*—Will you kindly warn your subscribers against a gray-haired fraud traveling under the name of "Dr. O. Wright, of Brooklyn, N. Y." He is making a harvest through Western Ohio selling to physicians a so-called "formula for Chydde's solution for making cloth splints." He and his formula are unmitigated frauds. The sample splints he shows are convenient and useful appearing, and his recommendations appa-

rently strong. The latter are all forgeries—at least I have Dr. P. S. Connor's written denial of his letter of approval. The old fraud is very plausible, and sells to three-quarters of the physician's at any price he can get, from \$5.00 down. In appearance he is a striking-looking, large man of over fifty years, with a gray moustache. He is a perfect fraud, and should be exposed before he gets over the whole State.

Yours truly,

R. M. O'FERRAL, M.D.

**The "Soul" Has Lost Its Seat.**—According to an exchange, the abstract theory advanced by "Descartes" that the pituitary gland is the seat of the soul has at last been exploded, and the proper functions of the gland demonstrated almost beyond a doubt. A summing up of the researches of many experiments upon the lower animals and of observed symptoms in human beings in whom the pituitary body presented pathological conditions, upon section, goes to show that the pituitary body is a trophic gland to the nervous system, regulating the chemical composition of the ventriculo-spinal fluid by supplying needed neutralizing acids and eliminating the products of oxidation and metamorphosis.

In rabbits deprived of the gland and in human beings, where the gland had undergone pathological changes, a marked swelling of the head and thickening of the skin with trophic changes "akromegali" were observed. The following additional symptoms indicating auto-intoxication of the organism from deficient cerebral metamorphosis and elimination of the products of oxidation were observed in human beings: 1, headache (frontal); 2, sense of suffocation; 3, digestive disturbances; 4, eye symptoms, first in one, then in the other eye, such as amblyopia, hemianopsia, permanent or intermittent amaurosis, strabismus, ptosis and exophthalmia; 5, dullness and apathy; 6, impaired memory; 7, motor disturbances of the muscular system; 8, and, finally, death by coma.

**The Value of Boiled Milk as an Article of Diet.**—Every practitioner of medicine knows that in the treatment of certain cases of diarrhea, where an absolute milk diet is required, better results follow the use of boiled milk than of raw milk, and for this reason it has become a popular idea among the laity and members of the profession that cooked milk is the more digest-

ible (*Med. & Surg. Rep.*). However this may be in clinical experience, it is certain that experimental research does not justify this conclusion. Ten years ago, the late Dr. Randolph, of Philadelphia, made an interesting series of experiments to determine this point. A number of men in perfect health were given raw milk to drink; an equal number, equally healthy, were given a similar quantity of boiled milk. An equal time after the ingestion of the liquid a hypodermic injection of apomorphine was administered to each, and a careful examination made of the vomited matters, to determine how far the process of digestion had proceeded. In every instance it was found that the raw milk was more digested than the cooked, and as Randolph graphically expressed it, "We obtained proof that in making milk, nature made that compound most easy of digestion."

The experiments of Crolas, on the other hand, seem to point to a different result, for he believes, as a result of his studies, that boiling has no action whatever on the casein or lactose, and removes from the liquid a small quantity of butter, which is entangled with the film of albumin which forms on the surface of the milk. He also thinks that boiling increases the quantity of the free soluble phosphates, and concludes, in opposition to the studies of Randolph, that boiled milk is equivalent, if not superior, to raw milk.

**A Severe Case.**—“Two weeks ago,” says Dr. Cooper (*Medical Gleaner*), “I was summoned to the bed of Djoahnne Sdteometzher. The involute and labyrinthinate tangle of his symptoms made me suspect at first that he had absorbed his own name. But further examination convinced me that he was the victim of typhomalaria pneumonia phthisis icotrichnotetanoataxione phreticosplenitis. Owing to the ubiquity of pathogenic bacilli, antiseptics are always indicated, so I exhibited calcium betanaphtholalpha-mononosulphonate. As the patient suffered from severe non-localized pain, I gave ortho- $\ddot{\text{O}}$ -xyethylana-monobenzoylamidoquinoline, combined with salicylaldehydmethylphenylhydrazine. For his insomnia I gave trichloraldehydphenyldimethylpyrazolene.

“His wife asked me what ailed him and what I was giving him. I told her, and she said ‘yes,’ and turned very pale.

“Upon examining him on the next evening, I became convinced that the vital forces had misconstrued the remedies and

that a congeries of retro-absorptions had resulted. I then wrote out the following prescription:

R. Tetrahydrobetanaphtholamine,  
Sodium thioparitoluidinesulphonate,  
Orthosulphamidobenzoic anhydride,  
Amidoacetoparaphenetidine.....<sup>aa</sup> 3j.  
M. Sig.—A tablespoonful every hour.

"When the wife presented the prescription to the druggist he instantly dropped dead! The patient is up and about, but something is wrong with his Broca's convolution—he mutters in a multi-syllabic lingo that is intelligible only to modern pharmacal chemists. I am in hiding where the spiral melody of the woodbine that twineth blendeth ever with the sweet, low, soothing, murmurous quadrasyllabic, rhythmic rune of the gentle polygonum punctatum."

**Who Owns the Prescription.**—The following excellent editorial appears in the *American Therapist*:

"The editor of our esteemed contemporary, *The Medical News*, takes exception to the claims of a contributor to the *American Journal of Pharmacy* for asserting that the directions of the physician writing a prescription that is not to be renewed is both 'useless and presumptuous,' and in his usual vigorous style leads the recalcitrant pharmacist a merry dance.

"It is generally said that the failure of the pharmacist to observe the explicit instructions of the prescriber would be a breach of faith that could not be condoned and would not be tolerated. The question as to who owns the prescription frequently comes up, and has met with different interpretations at various times, but from the standpoint of the physician there can be no question. It belongs to him and no one else; and if he sees proper, he can morally and legally require the pharmacist to return it to him as soon as he has filled the order. The patient does not pay the doctor for the prescription; the financial transaction covers the advice alone, and if he so prefers the physician may supply the medicine direct, and this appears to settle the controversy. Unless the patient makes a special bargain to receive the formula for the medicine prescribed, evidently he has no right to it and cannot compel the prescriber to give it; and as regards the pharmacist, he is not directly concerned in the transaction.

"It is rather unfortunate that such a state of affairs should exist,

and it is to be hoped that in the near future the two professions may come to treat their respective members with due courtesy and respect, thus relieving the present strained relations which have existed for some time past. The present abnormal condition is undoubtedly due to the craze among the laity to get something for nothing, and they seem to accomplish this by inducing the accommodating druggist to re-fill their prescriptions—not only for themselves, but for their relations and friends."

**Marriage and Venereal Disease.**—The medical profession is quite familiar with the discussions that have appeared relative to the infectiousness of old cases of gonorrhea and of the injury done to innocent wives by marriage to such sufferers (*Med. Rec.*). The view at the present day is, we believe, that these uncured gonorrhreas are the cause of many cases of chronic pelvic troubles, endometritis, salpingitis, etc. Instances in which men who have had syphilis have communicated the disease to their wives and children are painfully familiar in every physician's practice.

These very unpleasant but extremely important facts have been utilized lately by a lady novelist in a book which has had extreme popularity in this country and England. "The Heavenly Twins" preaches and teaches mainly this doctrine, that men of the world who have led wordly lives are extremely liable to have been infected with a venereal disease at some time in their premarital career. Hence, young girls ought not to marry them. Furthermore, young ladies should be made acquainted with the habits and the code of morals of the young men of the day, and should not allow themselves to be surprised into falling in love with characters who are dangerous physically even if they are reformed morally. No amount of mutual love, she argues, will last if the husband proves to be specifically infected, or if the wife develops the ailments associated with chronic disease of the uterus and appendages. The sterility of the male as a result of venereal infection, and the consequent inability to gratify the maternal instinct, is an argument upon which the limitations of polite fiction probably made it impossible to dilate.

We do not know that anything can be said against the case so eloquently and ingeniously presented by Sarah Grand. Critics have said that it was in bad taste, and perhaps physicians would

say that the argument appeals only to a certain not very large class of society. Syphilis is common enough among the poor, but the tragic marital consequences are perhaps most seen among the richer classes.

**Why Non-Experts Can Give Opinions on Questions of Sanity.**—As a general rule, the opinions of non-expert witnesses are not admissible in evidence. They must state facts, and not opinions deduced from the facts, leaving to the jury, whose province it is, to draw the proper inference from the facts when stated. But it is an exception to this general rule, as clearly defined and as thoroughly established as the rule itself, that the opinions of ordinary witnesses derived from observation are admissible in evidence, when from the nature of the subject under investigation no better evidence can be obtained. This exception is said to apply to questions of identity, handwriting, quantity, value, weight, measure, time, distance, velocity, form, size, age, strength, heat, cold, sickness and health; questions also concerning various mental and moral aspects of humanity, such as disposition and temper, anger, fear, excitement, intoxication, veracity, general character, etc. The reason underlying the exception, the Supreme Court of California says, in the recently decided case of *Holland v. Zollner*, where the foregoing observations are also made, is that, from the very nature of the subject in issue, it cannot be stated or described in such language as will enable persons not eye-witnesses to form an accurate judgment in regard to it. The paucity of language, and the incompetency of witnesses to describe graphically the photograph left upon the mind by observed facts, renders every effort to convey to a jury an adequate conception of the ultimate fact futile, except by announcing the conclusion in their own minds. A witness may describe a person as having gray hair, a wrinkled face, an uncertain gait, and by such other facts as indicate advanced years; and a jury, from such statement, could determine nothing as to his exact age beyond the conclusion that he was an old man. Yet the witness who has detailed all the facts of which he was capable can give an opinion as to the age of the man he has described which is almost exactly the truth. We identify men. We cannot tell how, because expressions of the face, gestures, motions, and even form, are beyond the power of accurate description.

Love, hatred, sorrow, joy, and various other mental and moral operations, find outward expression as clear to the observer as any fact coming to his observation; but he can give only expression to the fact, and which, for want of a more accurate expression, we call "opinion." To say that a man acts rational or irrational is but to describe an outward manifestation drawn from observed facts. It is the last analysis, the ultimate fact, deduced from evidentiary facts coming under observation, but so transitory and evanescent as to be, like drunkenness, easy of detection and difficult of explanation. Such conduct is not so much a matter of judgment as of observation. The conclusion is reached, not as a sequence of knowledge in reference to occult mental conditions, but as a result of observed facts patent to all, concerning which the non-expert is as competent to judge as the trained specialist.

**To Prevent the Spread of Tuberculosis.**—The Board of Health of New York City has issued in English, German, Hebrew, and Italian the following circular for popular instruction:

Consumption is a disease which can be taken from others, and is not simply caused by colds. A cold may make it easier to take the disease. It is usually caused by germs which enter the body with the air breathed. The matter which consumptives cough or spit up contains these germs in great numbers; frequently millions are discharged in a single day. This matter spit upon the floor, wall, or elsewhere, is apt to dry, become pulverized, and float in the air as dust. This dust contains the germs, and thus they enter the body with the air breathed. The breath of a consumptive does not contain the germs and will not produce the disease. A well person catches the disease from a consumptive only by in some way taking the matter coughed up by the consumptive.

Consumption can often be cured if its nature is recognized early and proper means are taken for its treatment. In a majority of cases it is not a fatal disease.

It is not dangerous for other persons to live with a consumptive if the matter coughed up by the consumptive is at once destroyed. This matter should not be spit upon the floor, carpet, stove, wall or street, or anywhere except into a cup kept for that purpose. The cup should contain water, so that the matter may not dry,

and should be emptied into the closet at least twice a day, and carefully washed with hot water. Great care should be taken by a consumptive that his hands, face, and clothing do not become soiled with the matter coughed up. If they do become soiled they should be at once washed with hot soap and water. When consumptives are away from home, the matter coughed up may be received on cloths, which should be at once burned on returning home. If handkerchiefs are used (worthless cloths which can be burned are far better), they should be boiled in water by themselves before being washed.

It is better for a consumptive to sleep alone, and his bed-clothing and personal clothing should be boiled and washed separately from the clothing belonging to other people.

Whenever a person is thought to be suffering from consumption, the name and address should be sent at once to the Health Department, on a postal card, with a statement of this fact. A medical inspector from the Health Department will then call and examine the person to see if he has consumption, providing he has no physician, and, if necessary, will give proper direction to prevent others from catching the disease.

Frequently a person suffering from consumption may not only do his usual work without giving the disease to others, but may also get well, if the matter coughed up is properly destroyed.

Rooms that have been occupied by consumptives should be thoroughly cleaned, scrubbed, whitewashed, painted or papered, before they are again occupied. Carpets, rugs, bedding, etc., from rooms which have been occupied by consumptives, should be disinfected. The Health Department should be notified, when they will be sent for, disinfected and returned to the owner free of charge; or, if he so desires, they will be destroyed.

**A French View of the Proprieties of a Physician's Life.**—The New York *Medical Journal* publishes the following:

"In a *feuilleton* published in a recent number of the *Gazette de gynécologie*, Dr. Grellety writes of these matters in the form of questions and answers as follows:

"*Should the physician go into society?*—Aside from his obligations to his family or to his friends, certain anniversaries and solemn occasions, such as marriage among his friends, it is to his interest not to squander his time, but to remain in a sort

of obscurity, and to allow people to think that he is entirely absorbed by his occupations. The most fashionable physicians have the reputation of being unapproachable and nearly impossible to meet; for them the result is a real prestige. It is to his advantage to appear rarely, and for a brief time only, in social circles, in beer gardens, and all places of social gathering. One is somewhat lost in large cities; there bachelors are numerous, and the *salons* of the fashionable world supply the place of the family to those who have no home. In this case a certain latitude is admissible. But it is not the same in the small provincial towns, where all classes of society meet in the same room, dirty and smoky; where one takes refreshments of an inferior quality; where loud discussions are carried on without reserve; where many hours are lost in play, etc. The popularity that one finds every day among tiresome grocers, retired military men, cattle dealers, and people of low degree who are playing with the same pack of cards, is not a good standard; too much familiarity is the consequence of this promiscuous mixing, and one leaves his laurels behind.

*"Should the physician marry early?"*—Yes; in the provinces and small places it is almost indispensable; it is necessary in order to be admitted into families and to prevent gossip. It is also well because the blending of character is better, and the sharp angles are more easily rounded at an age when habits and time have not rendered one set in one's ways. It is not well, however, to accept blindly the first young girl that the inevitable matchmaker presents. With ill-timed haste one runs the risk of being insufficiently informed regarding the health, the honor, the education and the surrounding of the young person who is always represented as having these qualities. Incongruous and strange unions are often seen. It is not extraordinary to see young men united to women who are wretched, ailing and ill-bred, all collar bone and chin bone, when their studies should have taught them the dangers of a defective anatomy and of a prematurely shattered constitution. A physician should always preach by example, his family also, and present the appearance of exuberant health. Physicians who live in large cities have greater opportunities for waiting and making a judicious choice, where all that one fancies in such a case may be found united. Meanwhile the author advises them to cross the Rubicon as soon as possible,

and to have children without delay, in order to supervise their education to the end.

"If a physician is successful, he should be desirous to see his son succeed him, so that he may avoid the difficulties that beset his father at the outset of his career.

"But bear in mind to what age this will bring you, says the author, before your son is capable of succeeding you. No matter how little time you have lost, the better part of life (and it is short in a profession) will have passed. It is not ordered that your infirmities will allow you to remain on the field until you can leave things in the hands of your progeny. Paternal direction is still more necessary in modest homes where the disappearance of the father always shows deterioration. His counsels and talents, however modest they may be, have a great weight in the choice of a career and the success which should crown this decision. Marry, then, about the age of thirty, and arrange to have two or three children (that will be sufficient) as soon as possible. The author advises the physician to marry a pretty woman without vanity, an intelligent woman, who does not make too great a display of what she knows, and, above all, an amiable one; but, as this seems too much at once, he advises him to love her deeply, as that will make up for anything that is wanting.

*"Should a physician be present at the funeral of a patient?"—* Unless it is that of a relative or a friend it is better for him to remain away. His presence might recall painful recollections and provoke a certain bitterness. Besides, his presence might call up by anticipation the prospect of the settlement of his bill, which would not be agreeable at a moment when the relatives of the deceased were making sacrifice in order to have an appropriate funeral.

*"Should the physician pay his visits on a velocipede?"—*A certain number of rural practitioners have made use of this mode of locomotion; but one must be young to enjoy such a way of traveling and to wear the appropriate costume that it demands. It is very difficult for one who is active at it not to be more or less covered with mud or dust after having traveled a certain distance. Inevitably, he arrives breathless, with disordered clothing and a red face, and in this condition he cannot impress his patients. This is not the case with country people, who attach little im-

portance to dress; but fashionable patients and refined women would be offended at such an appearance. That our country brethren have discarded the white tie and fashionable hat is as it should be, but they should not become too negligent, too plebeian; they should always preserve their dignity and the decorous conduct consistent with their character and profession.

*"Should a physician be intimate with the pharmacist?"*—The author thinks decidedly not; at least, from the point of view of their outside relations. He does not find anything derogatory in the friendship of years, the attachment in which there is a companionship of ideas, or in intellectual affinities of long standing. The occasions when a physician can fraternize, can exchange confidences with an intelligent man, with whom he has often traveled the same dusty road, suffered the same struggles and shared the same enthusiasms and deceptions, are rare enough and are not to be disdained. The principal thing is that one's sympathies should not be too ostentatious, so that the public, which is so inclined to malevolence, cannot attribute to interested motives these relations. It is very easy for the ungrateful public to declare that the pharmacist is the accomplice of the doctor.

"The author thinks that the physician should guard his reputation with jealous care, that he should do all in his power to prevent people from looking upon him as a man of unsteady mind, a man without judgment, not serious, a gourmand, a drunkard, immoral, a gambler, violent, coarse, rapacious and uncharitable.

"Mothers, says the author, who have marriageable daughters, should be able to hold him up as the ideal husband, as a model and example for all."

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### Local Medical Matters.

**The City Hospital Question.**—A medical reform has been inaugurated by the St. Louis Board of Health. Heretofore, each one of six medical colleges was allowed a whole afternoon at this institution for the purpose of clinical instruction. But, *nous avons changez tout cela*. The Board of Health determined that a whole afternoon every day was too much, and resolved that clinics in future shall be held only three afternoons in the week. A further restriction which has been placed is that each

college shall only be entitled to one month, so that all shall have an equal amount of time. A further condition is, that each college shall send a list of its proposed lecturers, and in addition the Board will name lecturers not connected with colleges. We do not wish to criticize these radical changes; in fact, it would be useless to do so. To our way of thinking it is a most excellent move in one respect. It will lead the colleges to establish their own hospitals, and the city will be relieved of a great deal of expense as a slight testimonial of gratitude for all the work which has been done by the colleges in the way of gratuitous consultations and advice.

Of course, consultations are no longer had nor are they desired, or, at least, that is the presumption since the entire consulting staff has been wiped out of existence officially, with the exception of the two medical members of the Board of Health. But, perhaps, it is best this way. The colleges do not seem to have any desire to enter any protest, and if they did it would not avail them a jot. Besides, it will lead to the delivery of better lectures and to the selection of the best men in the faculties of the different colleges.

The great point which will be attained by this latest move is this: Patients with acute diseases will not be disturbed daily for exhibition purposes, and the surgical instructors will have an equal opportunity of demonstrating their powers with the knife. Time, however, will show whether the new plan is the best one to adopt after all.

**As Others Pretend to See Us.**—St. Louis has been blessed (?) by the acquisition of a rara avis of an uncertain genus, and the utterances of the individual in question have furnished a large amount of capital to some of our eastern friends and well-wishers. The criticisms made upon the medical education in St. Louis have been of a horripilating nature; but, fortunately, there are enough medical educators who are known not only by their words but by their deeds, as well to their eastern confrères, to a sufficient degree, as to utterly refute the ill-directed as well as ignorant charges which have been made by a man whose sole object seems to be to belittle the community which has put bread in his mouth. Of course it is hardly necessary to state that it is the Chancellor of the Washington University to whom we refer. He made his remarkable *obiter dicta* in regard to medical education in St. Louis without having investigated the colleges, with the remarkable exception of one; nor did he become acquainted with the medical teachers, nor did he investigate the methods pursued. With such stupendous premises he draws a general conclusion!

He evidently assumes that there is a "rowdy West." We might admit this for the sake of argument; but we deny that it is as far east as St. Louis, and we will further contend that if

science is not as generally diffused as in the effete East, we have yet to find a backwoods doctor who ligated the anterior tibial artery in the manner that a Harvard graduate stated he had done. We may be backward, and St. Louis perhaps has too many medical schools; but be this as it may, there is not one which contains a teacher so poor as to do the Washington University honor. He should be sent back to his native wilderness of transcendental love and have this supplemented by some teachers imbued by what is called common sense, in the vain hope of perhaps being able to inject a small amount of this rare quality in his intellectually decrepit organism. There is but small hope this would result in any good, but it might at least have the effect of giving a good example.

But why does a man accept his bread from a community and display his venom in such an idiotic way? Why does he not use the common sense with which nature endowed him? These are questions which we will not attempt to answer. They are beyond our power of answering. We leave them to minds more expert in the solution of conundrums. We confess our total inability, and perhaps this ignorance on our part is one of the basal reasons for the attack which has been made, and which the alleged critic may feel assured will never be forgotten in this community. We feel, in the presence of this state of affairs, that "home products" are probably the best to ensure general satisfaction.

**Our Medical Colleges.**—The medical colleges of St. Louis will begin their regular sessions for the coming winter about September 10th to 12th. The outlook, so far as we have been able to learn, is a most excellent one as far as the number of students in attendance is concerned. The number of matriculants is large and a great deal of enthusiasm is to be noted both among the professors and the students. We do not propose to give any figures, but can safely assert that, despite the recent financial depression, the total will equal if not surpass any that has been observed here in the past. There is no doubt that St. Louis is becoming a medical centre from an educational point of view, and it cannot be said that this is due to any low requirements. In fact, the standard required is becoming more stringent year by year, and yet the number of aspirants to medical honors increases. The eastern schools have, in great part, lost their grip. With our superior facilities for clinical instruction, experienced teachers, and vim and energy, we feel almost impelled to say that the "star of improvement" has begun to take a westward course. The medical colleges of St. Louis are destined to make themselves felt, and their graduates have already, in a large degree, demonstrated that we possess the vim and energy to make the best possible use of the timber given us to work upon.

## Miscellaneous Notes.

**An Accurate Thermometer.**—The advantages of an accurate clinical thermometer are so many as to place any such instrument very high in the estimation of physicians. There are so many inferior thermometers in the market that are distributed as prizes or sold at low rates, that the effect often is to bring clinical thermometry into disrepute. Taylor Brothers Company, of Rochester, N. Y., manufacture a clinical thermometer which is certified as to accuracy, and experience has demonstrated that it has no superior in any market in the world. They reject every imperfect thermometer, which adds much to the cost of production, hence makes its price higher than that charged for inferior instruments. If any physician wishes to obtain an accurate clinical thermometer, he can do so by purchasing a Taylor certified instrument.—*Buffalo Medical and Surgical Journal.*

**Celerina.**—There is no better remedy as a nerve tonic, stimulant and antispasmodic than Celerina, which has enjoyed such a large degree of popularity for a long time. Some of the most able and conscientious medical men in the country use it as a daily remedy, and no physician who has ever given it a fair trial will ever quit it.—*Medical Progress.*

**In Typhoid Fever.**—Dr. Joseph D. Rush reports favorably, in *Virginia Medical Monthly*, two cases of typhoid fever, where results were obtained from the exhibition of Antikamnia and Salol. First, female, age 24, married. Fever at end of seventh day reached 105° F. Calomel, sodium and quinia having failed, then gave

## R. Antikamnia

**Salol** ..... *qq. 3ss.*

**M.** Make into twelve capsules. Sig.: One every three hours.

This treatment maintained for twelve days secured convalescence. Alcoholic baths to the spinal column once a day, the diet being boiled milk and tea.

Second, male, æt. 13. Temperature 105°, same treatment, same result. He concludes that Salol as an internal antiseptic combined with the antipyretic qualities of Antikamnia promises all that can be desired in the treatment of low and continued fevers with bowel complications. "Antikamnia and Salol Tablets" are put up in exactly the dosage as given above, each tablet containing antikamnia, grs. ijss.; and salol, grs. ijss., by the Antikamnia Chemical Co., St. Louis, Mo., which please specify.

**Notice.**—A palatable preparation of iron that is at the same time readily soluble, easily assimilated, and that does not constipate, has been the desideratum of physicians for all time, and many compounds have been devised without being able to fill all of these requirements.

It is natural to suppose that any physician who keeps abreast with

[September,

the times, and is interested in the advances made in pharmaceutical preparations, will eagerly avail himself of the opportunity to obtain samples of an iron preparation that possesses the above requisites besides being neutral in reaction, agreeable in odor, non-styptic and non-poisonous even in large quantities. Hæmoferrum (Blood Iron) manufactured by Frederick Stearns & Co., Detroit, Mich., is the preparation above referred to, and the manufacturers will be pleased to mail a sufficient quantity for a thorough clinical test to any physician who is unacquainted with it, together with full literature and clinical reports.

Hæmoferrum is put up in pilloids (flat pills), and sold only in flasks of 100, and Messrs. F. Stearns & Co. will mail a full-sized package, postage paid, to any physician who will remit ten cents to cover the expense of forwarding. Write them.

**Papine as an Anodyne.**—J. H. Brierley, M.D., A.B., of Cumberland, Iowa, says: Papine is a perfect anodyne. One old lady said she had not had one fair night's rest, because of chronic rheumatism, for three months. Papine, one teaspoonful, gave a good night's rest, with no nausea, nor dull feeling next day. I have given Papine to patients who knew they could not take morphia, and they never had a symptom to make them think any preparation of opium had been taken. Wherever morphia is indicated, Papine is much more so.

I gave Papine to a patient with periostitis with deep abscess, and gave the Papine daily for two weeks without, so far as I could see, impairing appetite or deranging stomach or bowels in the least.

Cumberland, Ia.

J. H. BRIERLEY, M.D., A.B.

**Doctors Wanted.**—A few good physicians wanted, German preferred, in some localities. Apply to L. F. Blesmeyer, M.D., Holstein, Warren Co., Mo.

**Practice for Sale.**—A paying practice in a growing city of California. Address this JOURNAL.

**Security Against Imposition.**—This heading is suggested by and is particularly applicable to the new advertisement of the Antikamnia Chemical Company, which appears in this issue. Antikamnia, while not suffering anything like other standard preparations from substitution, has still found it in some few instances. To the end, therefore, that there may not be even the breath of suspicion against Antikamnia, as well as to give every doctor the fullest confidence, the company has gone to the expense of withdrawing all the old stock from the market and replacing it with new. In the new form the drug is identically the same chemically and medicinally as it always has been, but every tablet bears imprinted upon it a monogram. (See advertisement). Every package of powder or tablets is so wrapped and sealed, and resealed, as to render counterfeiting impossible. The entire profession should insist upon the safeguards provided, and there can be no question but that this action will be regarded with great favor by them.

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## Original Communications.

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AMERICAN DERMATOLOGY.\* By A. H. OHMANN-DUMESNIL, Professor of Dermatology and Syphilology in the Marion-Sims College of Medicine, St. Louis.

Gentlemen: I have the honor, not to mention the pleasure, of bidding you welcome to the deliberations of the section on Dermatology and Syphilology of the Pan-American Medical Congress. We are assembled here as representatives of American dermatology, and will be judged by our works. It may, perhaps, seem strange that I speak of American dermatology; yet the day has come when we are to be emancipated from the thralldom of the Old World, which has for so long bound us in its fetters. It is within the memory of almost everyone present when, if any fact or observation did not emanate from Europe it was treated as either worthless or not deserving of attention. The western hemisphere was a dependent upon the supplies of Europe, and as a result nothing but European ideas dominated us. It took many years of earnest work and independent thought to establish the position which is slowly gaining ascendancy among us, and which destiny has decreed shall place us in the front rank of investigators.

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\*Chairman's address before section in Dermatology and Syphilology of First Pan-American Medical Congress, held at Washington, D. C., September, 1893.

In following the rise and development of American dermatology it will be noted that no inconsiderable weight was exercised by the French school at its beginning. Ricord, in syphilis, aided by the French dermatologists, found many enthusiastic and apt pupils who returned to this country full of the precepts and enthusiasm of their teachers. There seemed to be little liking, and still less demand, for anything which did not emanate from Paris. In fact, the capital of France at that time was the centre of arts and sciences of the civilized world, and what was beyond was the "*oi barbaroi*" of the Greeks. And the sway thus established did not last for a few years only, but still exercises its influence to this day. For, although this country has been emancipated from the yoke to assume another one for a space of time, if I mistake not the Latin-American countries of this hemisphere still acknowledge the supremacy of the French school.

Following this came a marked revulsion in feeling, due to the influence of Hebra and the Vienna school. Everyone flocked to the school of the celebrated Austrian teacher, and sat at his feet to absorb his precepts and teachings. He had the art of demonstration which carried conviction to the minds of his hearers, and he has to-day, perhaps, more disciples than any other dermatologist could ever count among his followers. In fact, he founded a school, that of Vienna, which in spite of all the advances made still makes struggles, far from unsuccessful, to maintain the supremacy which lay in its hands for so long a time. Its influence may be felt to-day all over the world; and, whilst it could not endure for all time, the master mind which guided it will be felt for many years to come. The acquired facts of dermatology and the practical applications derived therefrom were directed into new channels, which became immediately productive of new ideas and of principles of the highest value. The impetus thus given has not ceased to be fruitful and productive. On every hand we encounter pupils of the past master and reformer, and they number among the best and most prominent dermatologists of our country. In almost every work we take up we can detect evidences of the influence of the Vienna school, and it must be said in justice to it, that, through this very influence, order has come out of chaos and dermatology has assumed its proper place in the art of medicine.

Another factor which has had more than an ordinary influence

on American dermatology is that due to the impetus which has been exercised by the English. Although conservative to a fault almost, everything they have done has been executed with a conscientiousness that bordered upon the hyper-sensitive, and as a result we find to-day a large number of practitioners who depend wholly upon Erasmus Wilson. This author did more, perhaps, than any other who wrote upon skin diseases to popularize the study of these affections among the English reading portion of our medical population; and it is due to him to state, that he was the pioneer who made the road easier for subsequent British writers on the same subjects, and their latter-day successes owe much of their popularity to the indefatigable worker of more than a quarter century ago.

The American is known to be the result of a combination and fusion of different peoples, and, as a rule, the best of the qualities of these have been retained in the product resulting therefrom. This being the case, there is no cause for surprise at the resultant being a race which is quick, perceptive and ingenious, not to mention its inventive faculties. In addition to this, a certain independence of spirit and in lines of thought has had a far-reaching influence in bringing the American nation to the position which it occupies to-day. These qualities have been among the prime factors which have placed American dermatology on the plane which it occupies to-day.

For a long time original investigation, and, in consequence, original ideas, had no opportunities in which to develop. Everyone almost seemed to be satisfied with the *obiter dicta* which were sententiously announced *ex cathedra*. But that spirit of restlessness and inquiry which are the necessary accompaniments of enlarged views and higher education led to investigation, and the result is plainly indicated in the achievements which daily adorn the pages of current literature, and which are reproduced the world over.

American dermatology has established a position for itself, which, in view of the various disadvantages it has had to overcome, as well as the preconceived ideas which had to be and still must be combated, it can well be proud of, especially when we take into consideration its achievements and the great promises for the future which it holds forth. No "pent-up Utica" is sufficient to set up bounds for it. The men who are now prominent in the field are all hard workers, whose interest in their

chosen study did not originate yesterday, nor will it cease tomorrow. It is ever present and always progressive. It is destined to be more and more fruitful, and its promises for the future are of the most glowing as well as the most promising. A characteristic of American dermatology, as it is of all the branches of the medical art in this country, is that much more attention is paid to the clinical and therapeutical phases of a subject than to the purely pathological. Of course, this does not signify that pathology has been ignored by any means, but not so much attention has been paid to it as on the Continent. Despite this, we have contributed some of the most valuable articles on diseases of the skin, in every particular, that have been included in accepted dermatological literature.

The independence of thought and originality of investigation spoken of before have had no small influence in the work of laying the foundation for what promises to be a noteworthy structure which is destined to attract the attention of the world. I refer to a distinctively American school of dermatology. Our therapeutical methods have a tendency to simplicity, and, in general, we trust more to personal investigation and verification. There is a much greater impulse to determine the true etiological factors of disease, and as a result greater independence in the application of therapeutic methods. The formal utterances of authorities have but little weight with the rank and file, whose experiences, in many instances, have entirely changed preconceived opinions which were based upon insufficient data.

Taking all these facts into consideration, there can be no doubt that progress of a marked and practical character is taking place in America, and a large increment to the total will be the inevitable result of a gathering such as the present one. We, and the rest of the world with us, are ignorant of the wealth of material which lies "unsung, unhonored and unknown" in the vast recesses of the West Indies, Sandwich Islands and South American States, not to mention Mexico and Central America. Give us all this wealth of material, for which we will gladly exchange that which lies in our hands, and the day will not be far distant when the Western Hemisphere will be enabled to boast of an American dermatology which will rise to the dignity of a school second to none, and respected above all.

This is our beginning, and the fervent prayer of him upon whom the high honor has devolved of presiding over your de-

liberations is, that it will prove the end of the entering wedge which will lead to those results which the ability and progressive spirit and energy of all Americans are competent to accomplish.

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REPORT OF A GROUP OF CASES COVERING ALMOST THE ENTIRE  
FIELD OF ABDOMINAL SURGERY.\* By M. PRICE, M.D.

CASE I.—Miss McC., a patient of Dr. Henry Lehmann, suffering from a large, multilocular tumor of the right side, which had been noticed for several years, but gave no trouble. All at once it developed very rapidly, with symptoms of peritonitis and every indication of twisted pedicle. She was sent into the hospital, and the operation done at once. The tumor was a large, intensely black-looking mass adhering to the entire abdominal viscera, but the adhesions were easily broken, the tumor emptied and removed. The pedicle was found to be twisted four times. Rapid and uninterrupted recovery.

CASE II.—Mrs. M. J., a patient of Dr. George L. Romine, Lambertville, Pa., suffering from nodular fibroid of the uterus of five years' standing. Suffering from marked nervous excitement and depression alternately. Mental symptoms very marked. Operation—removal of both sides. Rapid recovery, with disappearance of all physical and nervous symptoms.

CASE III.—Miss L. P., Bouvier street, a patient of Dr. Murphy. This patient had been suffering for a long time with pelvic disease; had been treated by a number of practitioners. None seemed to discover her trouble until Dr. Murphy carefully examined her case and suspected extra-uterine pregnancy. She asked me to see the case and confirm her diagnosis. I did so, and she was sent into the hospital for operation. The right side was an old and capsulated extra-uterine pregnancy and clot. The removal of the specimen, sac, and blood; irrigation, glass drainage, and rapid recovery.

CASE IV.—Miss D., 18 years of age, a patient of Dr. Rush Leaman. This patient has been suffering from chronic gonorrhœa for a year. She was beautiful, but uncontrollable morally; had one miscarriage. Dr. Leaman asked me to see the case after the girl had been suffering a number of weeks with peritonitis. The doctor had been called a few days previous, and

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\*Read before the Philadelphia County Medical Society, Sept. 12, 1894.

stated to me that she was suffering from gonorrhreal pelvic disease. My examination confirmed his opinion; also his recommendation that an operation was the only thing that would relieve her. She was taken to the hospital and both sides removed. When the tube was brought outside the abdomen ugly irritated gonorrhreal pus poured from the fimbriated extremity of both tubes. The peritoneum was thoroughly irrigated; glass drainage twenty-four hours. When she left the hospital, four weeks afterward, she was in perfect health. After the operation she stated that at no time since had she suffered as she did weeks before the operation.

CASE V.—Mrs. S. S., Twenty-first and Diamond streets, suffering from trouble in the right side in the region of the appendix; unable to walk without supporting that side. When walking stooped toward the right side. Had been ailing five years, and for three months before the operation was a confirmed invalid. Appendicitis was suspected. There was great tenderness over the appendix, but no induration or tumor that could be discovered. She was opened in the median line, and the right tube and the vermiform appendix were found glued together with an abscess of the tube and also one of the appendix. The vermiform appendix was carefully tied off, the diseased uterine appendage also removed, and the patient made a rapid recovery, with the entire removal of all symptoms.

CASE VI.—Mrs. R., 34 years of age, a patient of Dr. Clara Dercum. This is an exceedingly interesting case, because there seemed to be some doubt as to the diagnosis of her trouble. Several good practitioners carefully examined her, and wavered between multilocular cyst and pregnancy. Twice they went to the house to operate, but decided to wait, owing to the inability to say just what the trouble was. She fell into the hands of Dr. Dercum, and she at once decided it was a multilocular cyst. I was asked to see the patient to operate. I did so, with the assistance of Dr. Dercum, Dr. Joseph Price and Dr. Geo. Hughes. I found the tumor to be a multilocular cyst of the right side, weighing about thirty-five pounds. She made an uninterrupted recovery. Operation in the hospital.

CASE VII.—Mrs. L., 26 years of age; two children; suffering from double ovarian and tubal disease. This woman has been delivered by me twice of fine boys. After her first confinement

she was badly diseased by her husband after his regiment returned from camp. It was very hard to get her to continue the treatment sufficiently long for her to get perfectly well. The vaginal discharge continued until the second boy's birth. There were no symptoms of ovarian or tubal disease at that time, but I thought it doubtful that she would ever become pregnant after her first delivery. She conceived and went to term notwithstanding. I took all precautions during its delivery, and of the child's eyes immediately after the delivery. The baby had an angry purulent ophthalmia. The mother seemed to make a satisfactory recovery, but was again infected by her husband five weeks after the delivery, and continued to do badly, having repeated attacks of pelvic inflammation, which would get better, but not well. After a year and a half of chronic invalidism she had well-marked disease on both sides. I had her taken to the hospital, and both sides removed for pus tubes and ovarian abscess; on one side glass drainage. She made a most satisfactory recovery.

**CASE VIII.**—Mrs. F. S., Trenton, N. J., a patient of Dr. Joseph Shaw, a colored woman, aged 18 years; married; no children. Apparently in perfect health up to three months prior to the operation. She then began to rapidly enlarge and suffer from pressure symptoms. I carefully examined the patient with Dr. Shaw, and we decided that it was a fibroid undergoing malignant changes. She was at once sent to the hospital, and the entire tumor and womb extirpated. She made a rapid and uninterrupted recovery.

**CASE IX.**—Mrs. C., Trenton, N. J., a patient of Dr. Joseph Shaw; large ovarian tumor, which had been mistaken for pregnancy by two good men, when Dr. Shaw was called in to treat the case. He decided it was ovarian disease, and asked me to see her in consultation. We had no trouble in coming to a conclusion that it was multilocular tumor. The patient had been previously prepared for operation by Dr. Shaw, and with his assistance and that of Dr. George Hughes I at once removed the tumor. She made a rapid and uninterrupted recovery.

**CASE X.**—William H. H. S., 11 years old, a patient of Dr. Hollingshead, Pemberton, N. J., was taken July 25th with pain in the right iliac fossa. He was freely purged, but without any benefit. On the first day of August there was free discharge of

pus from the bowel; this relieved him temporarily. On August 3d he was seized with very severe pain on the right side. This continued to increase in severity, and I was telegraphed for. I found the boy suffering with severe pain on the right side, with an indurated mass extending from a little below the crest of the ilium to the region of the right kidney. An incision an inch and a half long was made over the most prominent point of the induration; a quantity of pus was discharged, and also discharged from the bowel. The head of the colon was full of small openings. Thorough breaking up of adhesions in the pus cavity, which seemed to be sacculated; thorough irrigation, and gauze and rubber drainage. This was removed on the second day, and light gauze packing used for several days longer, and the wound allowed to granulate from the bottom.

This is the fourth case of appendicitis operated on for Dr. Hollingshead within the last two years, two of the four having fecal fistula, which healed in from five to six days. All the cases were within the radius of a mile, and all recovered.

**CASE XI.**—Mrs. Rebecca V. S., 32 years of age, a patient of Dr. Hollingshead, Pemberton, N. J. Mrs. S. has been an invalid for two or three months, suffering from pain on the right side. She was completely incapacitated for work for about three weeks. She is the mother of the boy just reported, who was operated on for appendicitis. They were both in the same bed, the boy too ill to be removed, and he was operated on at once. The mother was removed to Dr. Joseph Price's private hospital, and was there operated on by me. She was suffering from a right tubal abscess, which had ruptured, producing local peritonitis, an affection of the pelvis, with abscess. Both sides had to be removed, a sac of abscess enucleated. Free irrigation, glass drainage. A great number of bowel adhesions in this case had to be broken, some stitching of the bowel necessary. The patient made an uninterrupted recovery.

**CASE XII.**—Dr. F. H., of Columbia, Pa., was operated on on August 9th for an abscess on the right side, underneath the ribs. Its capsule was made up anterior on the abdominal wall and peritoneum; posterior between the liver and the peritoneum. An inflammatory diaphragm only. The abscess contained only probably half a pint of pus, and pushed against the diaphragm, giving him severe hiccup and spasmodic cough. It originated two

years ago, from a fall on his door-step in Columbia. His ribs were supposed to have been broken, and he was seen by Dr. J. W. White, of this city, and strapped, which gave great relief at the time. He was afterward seen by Dr. W. W. Keen, who advised him as to his case. I saw him about six weeks before the operation and advised him to have the trouble removed. He said he would as soon as he could, and on the 9th of August, in this city, I operated, irrigated, and drained the pus cavity. He made a rapid recovery. The feature in this case to which I wish to call your attention is the fact that it was two years in developing. The pus was perfectly sweet and bland. At the time of the operation he was greatly broken down from pain and cough.

CASE XIII.—Mrs. R., patient of Dr. Eckman, 28 years of age; three children; confined to bed for three months with symptoms of tuberculosis—only a very slight cough. After a very careful examination of the sputa, no tubercle bacilli could be detected; a careful pelvic examination showed well-marked pelvic inflammatory disease, womb fixed, and exceedingly tender masses on either side. Her temperature was never normal; she had daily chills; abdomen tender, with a history of puerperal peritonitis thirteen months previous.

The absence of positive proof of general tuberculosis, and the presence of sufficient pelvic trouble to account for her symptoms, warranted us in operating for her relief. There were no symptoms of dropsy.

The patient was operated on, and general tuberculosis of the peritoneum, with all the viscera matted together and covered with tubercles, was found to be the cause.

All the adhesions were separated, and the bowels, omentum and mesentery dusted with iodoform. The operation did not make any change in her, so far as we could see, either for better or worse; she lingered until the eighth day, and then died. Post-mortem was made by Dr. Eckman, and general tuberculosis was found to be the cause of death.

There is one question that suggests itself in this case: Why was there no dropsy? Did its absence indicate general infection? I have seen many cases as bad as this accompanied with dropsy that the opening and iodoform treatment seemed to cure. In my knowledge, none of them show any symptoms to-day of tuberculosis.

TABLE OF OPERATIONS FROM MAY, 1893, TO APRIL, 1894.

DATE.	NAME.	MISCELLANEOUS.	CHILDBEARING.	AGE.	PATHOLOGICAL CONDITION.	OPERATION.	RESULT.
1893 May 17	Miss L., patient of Dr. Steer, Philadelphia.	30	....	....	Multinodular fibroids; bowel adhesions.	Supra-vaginal extra-peritoneal hysterectomy; bowel stitching.	Recovery.
May 29	Mrs. B., patient of Dr. Landis, Philadelphia.	34	2	0	Large ovarian cyst of left side; pregnancy at 6th month; pelvic adhesions of cyst displacing the uterus to right loin; fibroid of right side of uterus.	Removal of cystoma and uterus.	Recovery.
June 1	Mrs. K., patient of Dr. Hughes, Philadelphia.	28	0	0	Large myofibroma; universal adhesions; small dermoid of right ovary.	Supra-vaginal extra-peritoneal hysterectomy; drainage.	Recovery.
July 1	Miss G.	35	....	....	Fibroid uterus about size of man's head.	Supra-vaginal extra-peritoneal hysterectomy.	Recovery.
July 26	Miss A., patient of Dr. Dunham, Trenton, N. J.	34	....	....	Multinodular fibroid; universal adhesions.	Supra-vaginal extra-peritoneal hysterectomy.	Recovery.
Aug. 21	Miss W., patient of Dr. E. Claussen, Lambertville, N. J.	42	....	....	Multinodular fibroid.	Supra-vaginal extra-peritoneal hysterectomy.	Recovery.
Aug. 26	Mrs. C., Philadelphia.	37	0	0	Fibromyoma of uterus; hematosalpinx and cyst. size of orange, of right ovary; universal adhesions; bowel omental and pelvic.	Supra-vaginal extra-peritoneal hysterectomy.	Recovery.

Sept. 7	Mrs. S., Philadelphia.	30	0	Multinodular fibroid; double hydro-salpinx; universal adhesions.	Supra-vaginal extra-peritoneal Recovery. Hysterectomy.
Sept. 17	Miss E.	35	....	Multinodular fibroid.	Supra-vaginal extra-peritoneal Recovery. Hysterectomy.
Oct. 24	Mrs. C., patient of Dr. Wells.	32	0	Multinodular fibroid.	Supra-vaginal extra-peritoneal Recovery. Hysterectomy.
Nov. 2	Mrs. C., patient of Dr. McLean, St. Louis.	50	3	1 Adenoma of cavity of uterus; sarcoma of right ovary about size of small adult head; universal adhesions of sarcomatous ovary.	Removal of tumor and complete Recovery. Hysterectomy.
Nov. 8	Mrs. J., Philadelphia.	36	0	Fibroid of uterus with huge pus tube on right side.	Supra-vaginal extra-peritoneal Recovery. Hysterectomy.
Nov. 8	Mrs. R., patient of Dr. Patrick, W. Chester.	35	0	1 Multinodular fibroid.	Supra-vaginal extra-peritoneal Recovery. Hysterectomy.
Dec. 2	Mrs. F., patient of Dr. Bottom.	42	3	Huge hard tumor, undergoing cystic form degeneration, growing from posterior wall of uterus; right ureter fixed to tumor and carried high up requiring dissection to free it.	Supra-vaginal extra-peritoneal Recovery. Hysterectomy, irrigation and drainage.
Dec. 20	Mrs. D., patient of Dr. Macdonald, Princeton.	38	2	0 Multinodular fibroid of uterus; extensive adhesions.	Supra-vaginal extra-peritoneal Recovery. Hysterectomy.
1894	Mrs. J., Philadelphia.	40	5	1 Multinodular fibroid; adhesions on both sides.	Supra-vaginal extra-peritoneal Recovery. Hysterectomy.
Jan. 28	Mrs. G., Philadelphia.	34	0	4 Multinodular fibroid; universal pelvic adhesions; double hydro-salpinx.	Supra-vaginal extra-peritoneal Recovery. Hysterectomy.
Mch. 9	Miss W., patient of Dr. Campbell, Albany, Mo.	50	....	.... Multinodular fibroid of cervix; myoma of fundus; cystoma, large as a child's head, on left side.	Supra-vaginal extra-peritoneal Recovery. Hysterectomy.

[October,

TABLE OF OPERATIONS FROM MAY, 1893, TO APRIL, 1894.—Continued.

DATE.	NAME.	PATHOLOGICAL CONDITION.	OPERATION.	RESULT.	
				Miscarriage.	Chilblain.
1894 Mch. 14	Mrs. W., Philadelphia.	32 1 .... Multinodular fibroid: double hydro-salpinx, with universal adhesions.	Supra-vaginal extra-peritoneal Recovery. hysterectomy, irrigation and drainage.		
Mch. 16	Mrs. L., patient of Dr. Kennedy, Lansdowne	36 1 2 Myoma of uterus; double hydrosalpinx.	Supra-vaginal extra-peritoneal Recovery. hysterectomy.	Died	March 27
Mch. 27	Mrs. W., * patient of Dr. McLaine, Dr. Matlack, Philadelphia.	42 2 Multinodular fibroid; hernia.	Umbilical Complete extirpation.		
Mch. 29	Mrs. P., patient of Dr. E. M. Harvey, Media, Pa.	38 0 Multinodular fibroid pelvis bound, surrounded by strong bands of adhesions.	Supra-vaginal extra-peritoneal Recovery. hysterectomy.		
April 8	Mrs. C., patient of Dr. J. J. Owen, Philadelphia.	50 7 Intra-uterine cancer.	Complete extirpation.	Recovery.	
April 8	Miss C., Philadelphia.	42 .... Large multinodular fibroid, omental, large and small bowel adherent, general and strong.	Tumor deperitoneized and nodes enucleated; complete extirpation, irrigation and drainage.	Recovery.	

\* The patient was dying from obstruction of the bowel from pressure of the tumor on the transverse colon, which passed under the tumor; obstruction also in an incarcerated umbilical hernia. Defecation and the passage of flatus was impossible. She had sterecoraceous vomiting for some forty-eight hours, and was evidently dying at the time of the operation, from which she never reacted. The operation was done to remove pressure and favor the escape of gas.

## DISCUSSION.

Dr. J. M. Barton.—Dr. Price reported one case where he removed the uterus because it produced obstruction of the bowels, the patient being in collapse at the time of the operation. Under these circumstances the usual surgical procedure would be to make a temporary artificial anus by a small abdominal incision, to bring out a single loop of the distended bowel, the distention showing it to be above the obstruction, and to open it at once. This is the method of Mr. Treves, and is one I have used with some success on several occasions. If the patient rallies, extirpation of the uterus, or such other radical surgical procedure as may be required, may then be resorted to, with the patient in a condition to stand the operation.

There is one point I would like to call attention to in the appendicitis operation reported. I understood the doctor to say that he does not close any portion of the abdominal incision. If not closed it is very liable to be followed by a hernia. In my earlier operations I had several cases of hernia, but in my later cases I have been fortunate enough to avoid this by using the gauze, not as a drain, but only to isolate the rubber drain, and by at once closing nearly all the wound.

If the pus is deep, I make the opening through the abdominal walls not less than four inches in length, and after opening the abdominal cavity, and before opening the abscess or attempting to remove the appendix, I prevent infection of the general peritoneal cavity by surrounding the place where I propose opening the abscess with gauze, packing it under the edges of the incision so as to keep the movable intestines away from the wound and the danger of infection from the pus. The abscess is then opened and two rubber drains introduced to the bottom of it, and the abdominal wound closed by the interrupted suture, allowing only the ends of the rubber drains to protrude; the gauze is left inside, with only a corner showing, by which to seize and remove it on the third or fourth day.

The two stitches next the rubber drains are tied in a bow-knot, so that they may be readily retied if they have to be loosened to remove the gauze. All the cases in which I have used this method have recovered without any hernia whatever.

Of course, if the abscess is in contact with the anterior abdominal wall and the general cavity shut off by adhesions, no gauze

packing is necessary, and the short incision, such as Dr. Price mentioned, is quite ample.

Dr. Ernest Laplace.—I share the opinion of Dr. Barton that in chronic cases of appendicitis, where pus is isolated from the general peritoneal cavity, the more we treat the condition as one of abscess the more successful will we be. A small incision is not as good surgery as laying the abscess freely open so as to see what we are doing, not tampering, however, with the posterior wall of the cavity. Then the walls should be cleansed and irrigated, and the cavity packed gently with iodoform gauze. The gauze should be removed and replaced on the following day. The more thoroughly we are able to apply the theory of asepsis the better will the case behave.

I take it that we cannot be too cautious in treating cases of chronic appendicitis. We must look to it as nothing but an abscess, and never look for the appendix unless it is to be easily found. If it is not removed it will do no harm and be imbedded with the rest of the cicatricial tissue during the healing process.

Dr. Marie B. Werner.—There is one part of the paper which interested me much, and that is the question of the mental state in pelvic disease. About two years ago I made some investigations, as far as I was permitted, at the Norristown Insane Hospital. I examined thirty cases, and found 50 per cent. suffering from pelvic disease of some sort. Some, no doubt, would have been benefited by local treatment, others by operation. There were two on which I operated. One was a case of double hydro-salpinx. The patient had been insane since 1888. The operation was done in July, 1892. The patient is now, as far as I know, perfectly sane. This patient was seen by Dr. Thomas G. Morton, after dismissal, who verified my present statement. She left the hospital about eight weeks after operation. In the second case there was a cystomatous degeneration of one ovary and tubercular disease of both tubes and ovaries. The patient had had several attacks of insanity, and had been in Kirkbride's three times. Each attack had been preceded by an attack of pelvic inflammation. In this case the ovaries and tubes were removed, and the patient made a rapid and thorough recovery. I saw her afterward in her own home, and she was well, not only physically, but mentally.

I am sorry that I cannot speak of more than two cases, but these two cases show that there is a wide field for work of this

kind. I do not wish to be understood as pleading for the knife entirely; I plead for thorough investigation and good treatment in these cases. In my own practice I have met with several cases which led me to think that much can be done in that direction. One which I distinctly remember occurred in my early practice. The patient was a young woman who felt that she must leave her baby or else she would kill it. She suffered from a laceration of the cervix and a complete laceration of the perineum. I repaired the lacerations, and she got well, but how long the cure lasted I cannot say, because she drifted out of my sight. It certainly lasted a few years.

Dr. J. M. Baldy.—I did not care about discussing the paper, but since such emphasis has been laid on the nervous phenomena in connection with fibroid tumor, I should not like the statements to go out from the society apparently sanctioned by my silence. In a very large number of fibroid tumors (hundreds) I have not seen one in which there was any insane symptoms. Thinking over my cases, I should say that they are decidedly more free from nervous phenomena than in any other class of gynecological cases; certainly more than the pelvic inflammatory cases. As to insanity being due to gynecological troubles, I have a number of times been called to insane hospitals to see patients whose friends were possessed with the idea that their insanity was due to pelvic disease, and not in a single instance have I found the slightest disease to which the insanity could be attributed. I do not believe that the subject has anywhere near the importance that has recently been attempted to be given it.

Dr. W. Easterly Ashton.—In a large experience with fibroid tumor I have certainly seen no symptoms that would in any way point to a disordered state of mind. It is true that some of these women are nervous, but anyone would be nervous suffering from constant pressure. Outside of the nervousness caused by the physical inconvenience of the tumor, women have no mental symptoms.

It seems to me that the statement of Dr. Price in reference to fibroid tumors causing insanity is in line with another idea that has been advanced in regard to these growths, namely, that all fibroid tumors should be removed by operation. I am far from convinced that every fibroid uterus should be removed. The idea of insanity associated with fibroid tumors seems to be an additional plea for this form of surgery. As long as a fibroid tumor

of the uterus is small and uncomplicated by pelvic trouble I see no reason why the woman should be subjected to abdominal section. The tumor should be carefully watched, and if it grows or shows signs of inflammatory changes then it must be removed.

Before I sit down I should like to ask Dr. Price for an explanation. Last spring at one of the meetings of the Obstetrical Society I made some remarks on the exploratory incision, and made the statement that in a large percentage of obscure cases I would give very little for the positive diagnosis of any surgeon. Growing out of this statement Dr. Price stated that in no instance had he ever opened the abdomen unless he could put his finger on the disease. I would, therefore, ask what led him to operate on the case of suspected appendicitis, if the diagnosis was uncertain.

Dr. G. Betton Massey.—I can add my testimony in regard to the absence of any special mental manifestations in association with fibroid tumors. Out of a large number of cases I can recall none that presented such manifestations or more than the usual eccentricities of chronic illness. I wish to say, in regard to pelvic operations for mental disease, that there certainly is danger of overdoing them, and I speak from a medical experience of three years in a hospital for the insane. I must however temper my remarks by saying that as yet the gynecologic treatment of the insane is an untried field in most of these institutions, and we should welcome any evidence of an increased scientific spirit among them.

Dr. Werner mentions a case where repair of the cervix and perineum were done in a case of puerperal insanity, and the patient got well. My view of puerperal insanity is that it is not due to an irritation such as that, but is an infectious disease. The disease is frequently curable of itself in six weeks. Possibly the criticism might apply to other cases, also that they were not of the ordinary chronic type of insanity.

Dr. John C. Da Costa.—I agree with what has been said by Dr. Baldy and Dr. Ashton in regard to insanity not accompanying fibroid tumor. I do not think that Dr. Price meant to say that all these cases of fibroid tumors were accompanied by insane symptoms. I rather think that he intended to say that they were sometimes accompanied with nervous symptoms of a profound character. Where you have a woman with a tumor in her abdomen which she knows has to be taken out she naturally will be nervous until she has made up her mind positively that it has to

be removed. My experience has been that so far as mental derangement is concerned—not nervousness—cases of fibroid tumor have been free from it.

In regard to operation in these cases, I agree with Dr. Ashton as to the propriety of letting small fibroids alone. When they grow rapidly or threaten malignancy it is time enough to take them out. I have now under observation cases of fibroid where I consider that operation would be so dangerous as to threaten life, and I am sure that by proper management they will tide over the menopause and get well if let alone.

Dr. Werner.—I wish to state that the case in which I repaired the perineum and cervix was one that did not occur in my own practice as an obstetric case. She fell into my hands a year after the child was born, so that it could not properly be called an acute puerperal case.

Dr. Price.—Replying to Dr. Ashton, I would say that if he looks over the cases of appendicitis he will find that I put my finger on what I was going to remove. I knew that there was a diseased ovary and a diseased appendix—cut for it, and removed it. I think that for eight years I have never done an exploratory operation. I have never opened the abdomen to make my diagnosis; yet Dr. Ashton is in a measure correct. In abdominal surgery exactness is impossible, but a man who is not able to say when he has a big ovarian tumor or a big fibroid is certainly deficient in diagnostic ability, and should not operate until he is sure he has something to remove.

In regard to fibroid tumors of the character that Dr. Massey mentions, I never see them. The patients never come to me until they are distressed by the condition and are suffering. In the thirteen cases reported there was not one in which the tumor was not larger than my head. When a tumor is of the size of a cherry-stone to that of a lima bean, such as Dr. Massey tells us about, I think that the knife should not be used. I agree that there are electric cases, if you can find them, but no one but an electrician can detect them. I think that if the cases of extensive fibroid disease are carefully examined, it will be found that a number, I do not say all or nearly all of them, have mental symptoms that are marked and border closely on the line of insanity. I do not say that of the pelvic cases with suppurative disease; any number of them are to-day in our insane asylums, and the list of insane could be materially diminished if these

cases were properly treated. I agree with Dr. Werner when she says that she does not advocate the knife in all of these cases of insanity; but if you can put your finger on the thorn that has driven that woman with pain and suffering to the mad-house, remove it. They are there by the hundreds, and operators throughout the country are saving hundreds from going there. If any one of you had a mass of pus in your abdomen with adherent omentum and bowel racking your constitution, your chances of going to the insane asylum would be ten times greater than they are now. I do not say that this condition of itself produces insanity, but it greatly predisposes to it. We can prove it by a number of cases that have come into the house insane and have gone out sane.

With regard to appendicitis, I think that Dr. Barton and Dr. Laplace misunderstood me. I agree with those gentlemen except as regards the incision. I have had twenty-three cases, with two deaths. One was a case of Dr. Collins, which could have been saved if they had listened to Dr. Collins. The second case died of sepsis present at the time of operation. In two cases the appendix was removed. These were median operations. When the appendix is to be removed I believe that it should be a median operation. Where you remove the appendix the symptoms of abscess are not so marked, but you have symptoms of obstruction of the bowels. Here you have to make a median incision in order to detach the adhesions. If you find that the abscess is mapped off from the peritoneal cavity you can make a drainage incision above the crest of the ilium. In the cases that fall into my hands there is generally a well-marked abscess, and drainage is the only indication, and no effort is made to find the appendix.

I think that the practice of packing the whole abscess with gauze is unsafe. I think that if these cases are opened, irrigated, and a gauze and rubber drain put in, the gauze being replaced every twelve or twenty-four hours, they will all get well. I do not care if the whole head of the colon is gone, they will get well without a fecal fistula. I have seen large quantities of feces pour out for eight or ten days and the opening finally close. If you make the incision too long you may go beyond the abscess cavity and get into the abdomen. A two-finger opening will enable you to do all that is necessary.

## Clinical Reports from Private Practice.

### AN AGGRAVATED CASE OF LITHEMIA TREATED WITH BUFFALO LITHIA WATER OF SPRING No. 1. By Wm. A. HAMMOND, Surgeon-General, etc., etc., Washington, D. C.

G. H. M. has been suffering for nearly three years from symptoms which thorough examination showed were due wholly, or at least in great part, to lithemia. He had never had any attack of gout, but his father and paternal grandfather had, to his knowledge, suffered from repeated aggravated attacks of this disease, and finally died from it. The morbid phenomena in this case were manifested in the nervous system, the digestive apparatus and the small articulations. The first consisted of a dull, persistent pain in the occiput, great mental depression, sometimes of such an extreme degree that the question of suicide was seriously considered, and of neuralgic pains in various parts of the body, mainly along the course of the sciatic and crural nerves. Besides these there were sensations of numbness in the ends of the fingers in both hands, which he compared to that which he occasionally felt when the hands had been for considerable time immersed in hot water.

The symptoms connected with the digestive system were experienced in the stomach and intestines. There was nausea, especially after eating, and occasionally the entire meal would be vomited soon after ingestion. In addition, there was a constant source of distress—mental as well as physical. Various systems of dieting had been tried, but without any appreciable benefit. In fact, it appeared to make no difference what kind of food was taken, or even if complete abstinence were practiced; the nausea and pain being unaffected.

The disturbances about the joints were confined to the digital articulations of both upper and lower extremities, especially of the terminal phalanges. These were swollen and tender to the touch, and soreness extended up the dorsum of the phalanx as far as the next joint and at times being red and exceedingly painful even when not used or touched.

The urine was high-colored and with strong acid reaction, and

not exceeding thirty ounces daily. On allowing a portion of it to stand in a test-tube crystals of uric acid were in one hour deposited on the sides of the tube. These, on microscopical examination, showed the greater part of the forms consisting of aggregations of long, narrow crystals, united at the extremities, so as to closely resemble sheaves of wheat in appearance.

I have always found that when uric acid is present in large quantity in the urine, these crystalline forms are generally present to the exclusion of the yellowish rhomboid tables usually met with, the dumb-bell and octahedral crystals seen are oxalate of lime.

The patient has been under the care of several physicians and had been subjected to the treatment that has in many cases of lithemia proved successful; *i. e.*, dieting, the avoidance of highly nitrogenous food, of soda, phosphate, etc., but without much effect. I determined therefore to treat him experimentally with the Buffalo Lithia Water, using for this purpose the water of Spring No. 1, the beneficial properties of which in this direction were not altogether unknown to me. I directed him, therefore, to drink two bottles (one gallon) a day, and while I prohibited all alcoholic drinks I placed no other restrictions on his diet in other respects.

This treatment was continued for two weeks, during which period the spontaneous separation of uric acid crystals became gradually less. After the third day they no longer consisted of aggregations of long, narrow crystals, but had assumed the ordinary colored rhombic forms. On the seventh day spontaneous separation no longer occurred, and at the end of two weeks the amount of uric acid as determined by the addition of hydrochloric acid to the urine was not above the normal mean. With these changes the symptoms of all three groups progressively diminished in intensity, the swelling and tenderness of the joints being the last condition to disappear.

Of course this gentleman is of strongly-marked gouty diathesis, and it will be prudent for him to drink a bottle of Lithia Water every day for several months, and even after that period to use it for several days in every month. With these precautions and the avoidance of alcoholic liquors, I see no reason to dread the relapse.

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Do Not Fail to read the great inducements we are making to new subscribers, on insert page.

**MONSTROSITY.** By W.M. HENRY, M.D., Harmon, Ill.

On May the 9th, 1894, I was called to the bedside of Mrs. H., aged 30 years, she being in labor. The pains came on regular, but were weak, and there was quite an interval between them, this being a premature labor, she being in her sixth month of pregnancy. From the first she contended that there was something not right, when delivery was effected in about ten hours of labor. The fetus had no occipital bone nor parietal bone; part of the temporal bones were deficient. The frontal and facial bones were all normal. There were no membranes covering the brain tissue; it presented a loose, ragged appearance. When first delivered it showed signs of life, but they soon went out. There was no other deformity about the fetus.

In the first month of her gestation she went to the World's Fair, and while there she was frightened by an arm of a gate striking her on the top of the head. She told me that ever after that she felt that something was not right.

This is a lack of development; but should anything that shocks the nervous system produce such a result? Would this be called atavism?

I have met cases of deformity at other times, but have never fully made up my mind as to the cause. We all know that the nervous system has a great and powerful influence, but is it not mind over matter that brings about such results? The mother kept pondering over that blow on her head to such an extent that it produced this lack of development. Or was it the action of the nervous shock there and then? I would like to have the opinion of some of our medical brethren upon that subject.

The mother got along well and has been well ever since. She was not well all of the time she was carrying that fetus in utero. Had it anything to do with her health, or would she have been the same had the fetus been all right?

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**Sugar as an Oxytocic.**—A French obstetrician, Morso, asserts that sugar is an excellent and useful stimulator of uterine contractions during labor. He gives an ounce dissolved in eight ounces of water, and reports ten successful cases. Sugar is a direct stimulant to smooth muscular fibres.

[October,

## Correspondence.

U. S. DEPARTMENT OF AGRICULTURE,  
 DIVISION OF MICROSCOPY,  
 }  
 WASHINGTON, D. C., Sept. 17, 1894.

Editors THE SAINT LOUIS MEDICAL AND SURGICAL JOURNAL.

Gentlemen:—I observe your kindly notice of my paper on Mushrooms in your last issue, for which please accept my kindly thanks. You may say to your readers that anyone may have sets by addressing a postal to the Secretary of Agriculture for copies of Dr. Taylor's papers on Mushrooms. They will be sent free.

Yours truly,

THOMAS TAYLOR, M.D.

**Meeting of the Southern Surgical and Gynecological Association.**—The Seventh Annual Session of the Southern Surgical and Gynecological Association will be held in Charleston, November 13th, 14th and 15th, and promises to be the most successful in the history of the organization. Papers will be presented by the leading surgeons and gynecologists of the South. The medical profession is cordially invited to attend. Dr. Cornelius Kollock, of Cheraw, S. C., is president.

**Medical Journals Not Appreciated.**—The following reply was returned to a circular letter soliciting subscriptions to a certain medical journal (*N. W. Lancet*):

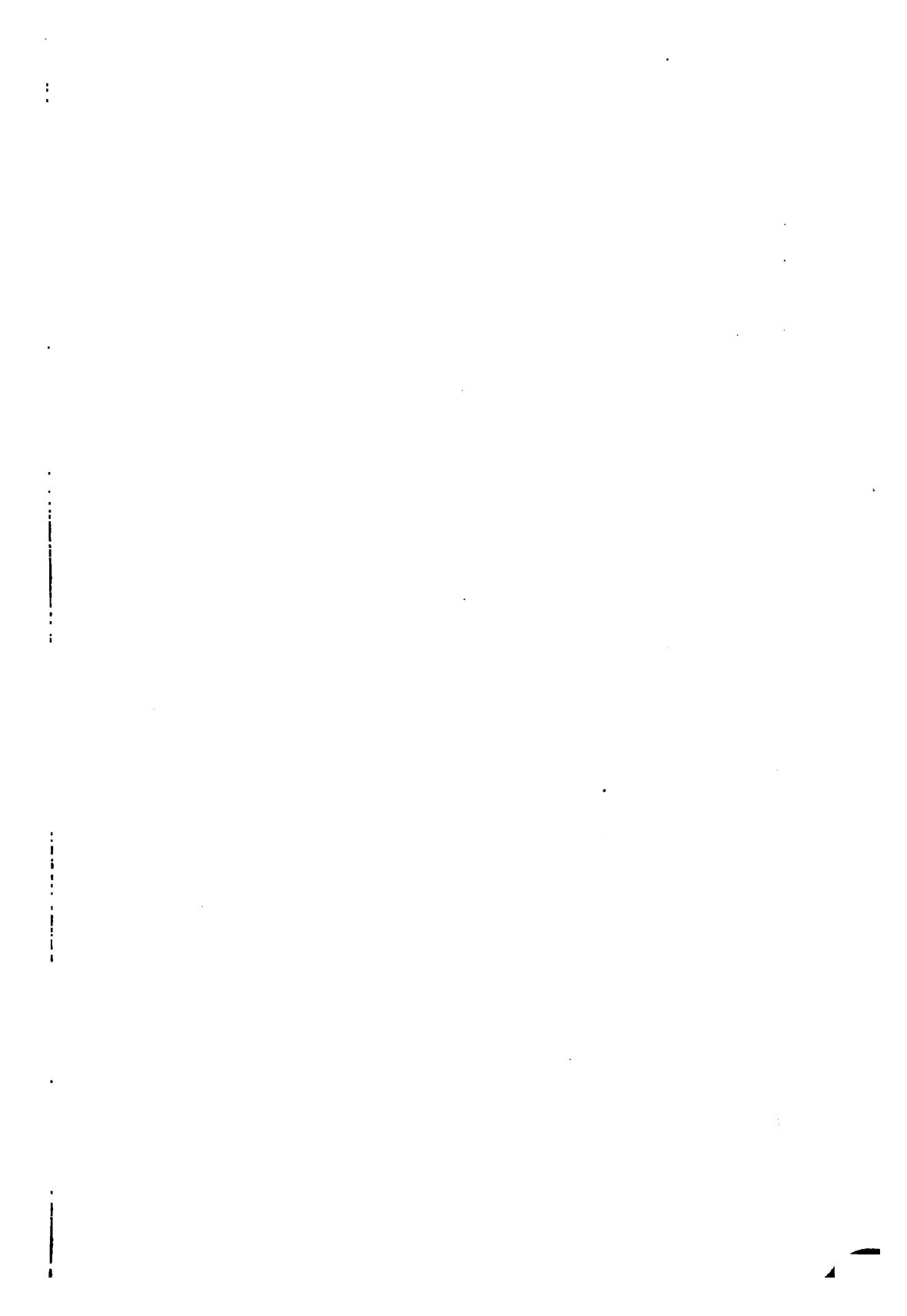
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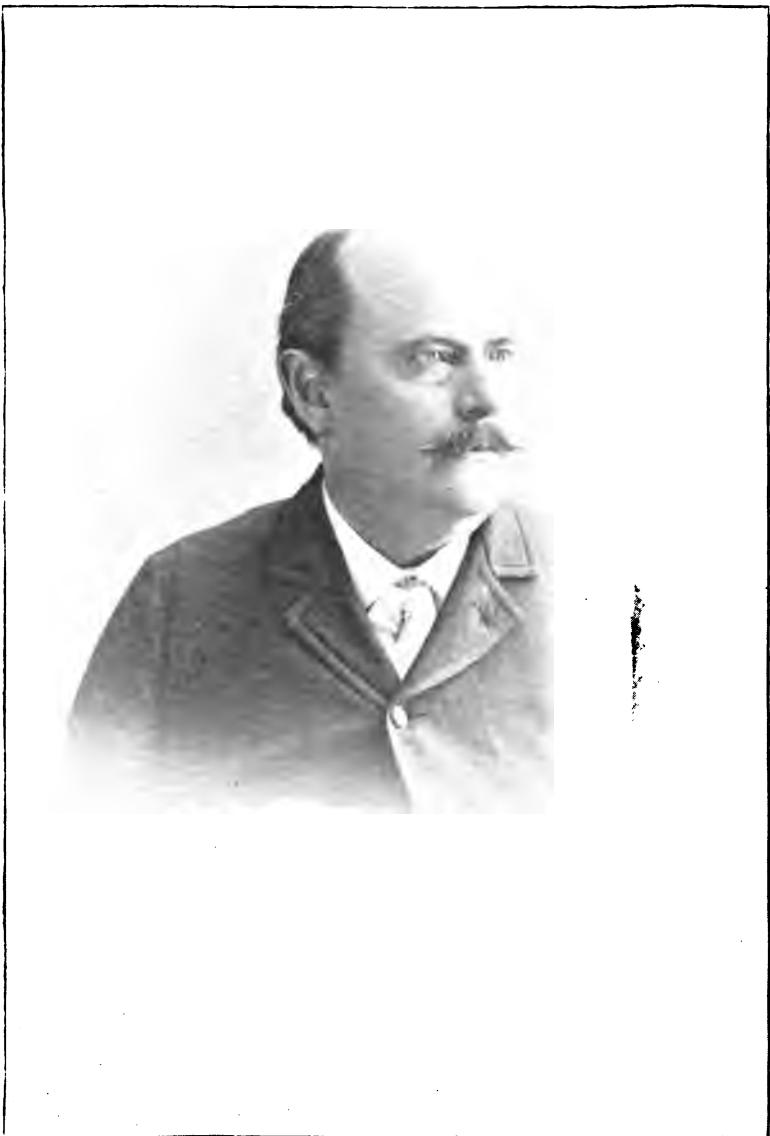
Your Copy of the \_\_\_\_\_ Jurnal come, and the letter to—askin me to send fifty cens and git it fur a yeer. I don't need no journals. When I git a tuff case I go off inter sum secrift plase and tell the lord all about it and wate for him to put inter my minde what ter do. That's bettern jurnals and syklopedes and such. If we hed more lord trustin docters and less colleges weed fare better. The lord noes morn all the docters and if we go to him fur noledge it ill be bettern jurnals.

Fraternally in the lord,

A CHRISTUN DOCTOR.

P. S.—I've practist medisen morn fifty years. Yore ken publish this letter if you wanter.





FRANK L. JAMES, PH.D., M.D.

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## The Editors of the St. Louis Medical and Surgical Journal.

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FRANK LOWBER JAMES, PH.D., M.D.

Dr. James became connected with the JOURNAL in 1884, and for  
three years conducted the department of Microscopy, writing  
occasionally for other departments. In 1887 he became one of  
the editors and proprietors. Dr. James is in his fifty-third year.

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### A CLAIM FOR PRIORITY.

We have been informed recently that an effort was being made  
to appropriate whatever glory or honor there might be in a recent  
procedure from the true originator of it. In view of the fact that  
the latter is a St. Louisan, and is jealous of the credit, which he  
claims as his own, we have thought it best to advance his claim

as he makes it. The method of which there is issue is that in which injections of strychnia are administered in chloroform narcosis and in shock. We do not remember having seen the method practiced nor alluded to in print prior to the time when Dr. Heine Marks, the Superintendent of the St. Louis City Hospital, put it in practice. He claims, and justly, so far as we know, that he is the originator of it; and it is a matter in which he can justly lay pride, in view of its eminently successful workings, and of the fact that it is a most valuable procedure in obviating many of the most disagreeable incidents which but too frequently attend surgical operations and severe accidents and injuries. It is now three years that he has put the method in operation, and he has never had cause to regret it. On the contrary, the most excellent results obtained have made him more and more enthusiastic in its continued use.

As many of our readers may be unacquainted with the method, we will give a brief outline of it: In case of shock a hypodermic injection of strychnia, containing one-twentieth of a grain of the sulphate, is immediately administered. This is repeated every half-hour until three doses are given. Then the same quantity is injected every four hours until the patient has recovered from the shock. If he recover at any time previous, the injections are discontinued. In chloroform narcosis an injection is given immediately prior to the administration of the anesthetic, and the same rules followed as in the case of shock. There is no choice as to the point at which the injection is made. Any portion of the integument which is convenient will do. It is only necessary to be careful that the injection is properly made and the full dose administered.

It can readily be seen that this is a very simple method and easy of application. It is certainly worthy of extended trial at the hands of the medical profession, for shock is a condition very frequently seen and most dangerous to life under some circumstances. We would be pleased to hear from the profession on this question, and we are certain that its originator would feel more than flattered to know that the same success experienced by him had attended its use in the hands of others.

## Dermatology and Genito-Urinary Diseases.

**Anthrax In Man.**—Muller refers to different views in connection with local treatment. It is impossible to destroy the disease by excising the site of inoculation. In guinea pigs amputation of a limb two or three hours after the foot has been inoculated cannot save the animal (*Ex.*). By the time the injection is ended absorption must have commenced, as is shown by the rapid proliferation of the bacilli in the tissues. The diseases produced by anthrax would appear to be largely due to a toxic action. It may, however, be very difficult to find bacteria in the blood; when absorbed they may be deposited in parts where the circulation is slow, as in the liver, spleen and marrow of bones. It has been shown with almost certainty that products may be isolated from anthrax cultures which produce symptoms like those due to anthrax. Whether phagocytosis plays a part in human anthrax is undecided. The author's observations would lead to a negative conclusion. Different organs have different capabilities of dealing with anthrax. Thus in rats the spleen seems to have chief action, but in rabbits the liver. In man enlargement of the spleen is noted early. It must be the object of treatment to get the cells at the site of inoculation to arrest the dissemination of the bacteria and to protect the cells in the whole body against the poisoning. If excision of the inoculated part cannot arrest the disease, it might be thought that the anthrax bacilli and their products might be let out by incision. The author concludes, however, that incision should not be practiced. Anthrax is one of the most virulent of the blood parasites, and by incision there is the danger of a fresh invasion of the blood in the vessels thus laid open. The products at the site of inoculation are harmful to the individual if absorbed, but they are also destructive to the anthrax bacilli *in situ*. The line of treatment recommended by the author is the following: The affected parts are fixed to prevent dissemination. The limb is also elevated to assist the venous return, so that more arterial blood may come to the part. Mercurial ointment is applied to prevent secondary infection. Means are adopted to improve the circulation, such as alcohol in large doses and nutritious diet.

**Stain for Gonococcus.**—Lanz (*Deutsche med. Woch.*) advocates the following method of staining the gonococcus in the various secretions. A cover-glass preparation, made in the usual way, is immersed from one-half minute to two minutes in a 20 per cent. solution of trichloracetic acid and washed in water. It is then placed in the stain for from three to five minutes. This stain consists of 30 c. c. of water, one or two drops of a 5 per cent. solution of carbolic acid, and saturated alcoholic solution of methylene-blue in sufficient quantity to give the solution a deep blue color. After coming out of this stain the specimen is again washed in water, is dried, and is mounted in Canada balsam for examination. By this method the gonococci are said to be very clearly differentiated, as the color is prevented to a considerable degree from entering cells and other obscuring material by the previous soaking in the acid. Lanz says that very pretty pictures may be obtained by contrast-staining for a half-minute or so in Bismarck-brown.

**Malignant Lentigo in the Aged.**—Hutchinson describes a singular affection, malignant lentigo, which begins as a brownish or black spot and which ends in the production of a malignant tumor. The disease begins spontaneously or follows a lesion of the skin. In the four cases reported by Dubreuihl it was situated on the left side at the upper part of the cheek, on the eyelid, or even on the conjunctiva (*Times and Register*).

It occurs as a simple pigmentation without projection or thickening of the skin, and forms an irregular spot varying from sepia brown to black in color. It persists for ten to twenty years, remaining absolutely stationary or varying in tint, extent, sometimes disappearing, leaving the skin absolutely normal. At a given moment there appears on the spot or in its vicinity a malignant, ulcerating tumor, vegetating, bleeding, rapidly increasing in size—sometimes melanotic. It is recurrent, either at the same place or in the ganglions, presenting at each recurrence more malignancy and becoming melanotic. Histologically, it resembles melanotic cancer, built up of large epithelioid cells, loosely connected, without stroma, and infiltrating its surroundings.

**Treatment of Urethral Stricture.**—In an article on this subject read at the last meeting of the American Medical Association, Dr. J. Rosenstirn, of San Francisco, expresses his

views as follows (*Jour. Am. Med. Ass.*): Gradual dilatation is always a safe method, and should be employed whenever feasible, although it lacks the great desideratum of permanency in its curative effects. I doubt very much that internal urethrotomy is any more lasting. I have seen a great many relapses after this treatment, which, together with its many objectionable features, gives external urethrotomy or one of its allied modifications the decided preference in all instances unsuitable for gradual dilatation. The author prefers external urethrotomy with Syme's staff and Teale's probe gorget for all strictures of the deep urethra where gradual dilation is impossible.

**Resorbine; a New Ointment Base.**—Ledermann (*British Journal of Dermatology*) reported to the Berlin Dermatological Society a base which is capable of traversing the skin after moderate rubbing in, and which leaves a slight covering layer (*Ex.*). It is made with some difficulty after a patented method by emulsifying pure almond oil and a little wax with water and a small per centage of other innocent but necessary vehicles. Resorbine can be mixed with all vegetable and animal fats. It is especially advantageous to add a little lanolin. Its use is indicated in all the hyper and parakeratoses, as ichthyosis and pityriasis, and in scleroderma, in artificial dermatites, ulcerations, rhagades, scabies. It combines well with Neapolitan ointment. The price is about the same as that of lanolin.

**Epidemic Skin Disease.**—At a recent meeting of the Dermatological Society of Great Britain, Dr. Savill showed eleven cases of dermatitis, which had attacked nearly five hundred children in a day school where the average daily attendance is about one thousand (*The Lancet*.). It was thought by their teachers to be ringworm of the face, and they were taken to a neighboring hospital for such; but it was shown not to be ringworm, because the scalp had not been attacked by the disease in any case, and no characteristic spores or mycelium could be found after careful search. Moreover the disease resembled a dry eczema occurring in patches, not healing in the centre, as ringworm does, nor had they the raised border. They were chiefly on the face, though some of the children had patches on the arms and legs. In the discussion which followed, Dr. Stephen Mackenzie regarded the condition as a common and comparatively trivial affection; but Dr.

Savill pointed out, in reply, that the cases of these children very closely resembled the youngest of the cases with the epidemic skin disease described in 1891. Many cases of this disease he had subsequently seen (such as those at the Bethnal Green Workhouse in 1893) had been very much milder than the 1891 cases; and it would be a matter for subsequent inquiry and research whether the cases of these school children belonged to the same category or not. At any rate, there seemed evidence to show that the disease, whatever it might be, was a contagious one, spreading as it has done so extensively in this school among children who, when not at school, must live under such varying conditions of environment that it would be hard to find a local cause in operation common to them all.

**Eruptions from Iodine.**—The following appears in a recent issue of the *Medical and Surgical Reporter*:

Dr. Szadek (*Gazzetta Degli Ospedali*, No. 82, 1894) distinguishes five forms of iodic eruptions; the erythematous, the papulo-pustular, the bullous, the tuberous and the hemorrhagic.

The erythematous form is characterized by extensive disseminated areas in various regions of the body, particularly on the forearm. If the iodine be continued it may be transformed into the papular variety, which, with the pustular eruptions, is usually observed on the face and scalp; it greatly resembles that following the bromides, except that the confluent form is very rare.

The bullous variety is observed as large disseminated bullæ upon the head, face, neck, extremities and trunk. If the drug be continued, and especially in large doses, the bullæ take on a purple-reddish color and become filled with sero-pus mixed with blood.

The tuberous form is not different from urticaria and erythema nodosum, but is more striking and less circumscribed in large and elevated nodes. It is localized chiefly on the head and lower extremities. This form sometimes passes over into the ulcerating variety.

The hemorrhagic form, as a rule, is not severe, and is situated upon the legs. Generally it develops at the beginning of the treatment, and it may follow small doses.

The writer has observed two peculiar cases of iodic exanthem.

In one the eruption consisted of large and disseminated elevations and bullæ upon the extremities; in the other hemorrhagic exanthem was produced by small doses of the iodide, and was upon the trunk and extremities. The variability of the iodic eruptions renders their diagnosis difficult. All the lesions usually disappear in few days after discontinuance of the drug.

**Anthrax in Hides Again.**—M. Lancereaux has recently made a communication to the Council of Hygiene of Paris (*Progrès Médical*) concerning three cases of malignant pustule resulting from handling foreign hides which should have been disinfected before being touched. Unfortunately all agents hitherto employed for this disinfection, especially the sulphate of copper, cause a deterioration of the hides, so that there is a disposition to evade this requirement whenever it can be done. Schutzenberger has proposed the use of formal, which is to be tried.

O-D.

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**Anecdote of Von Helmholtz.**—Although the late Professor von Helmholtz was among the most popular instructors of the University of Berlin, he was not the kind of a man of whom many anecdotes are told. The following, however, has found circulation (*Jour. Am. Med. Ass.*): A number of years ago the professor attended a celebration in honor of the birthday of Prof. Bunsen at Heidelberg. The toast of the evening was responded to by Prof. Kirchoff, one of the best-known men at the time in Heidelberg, and the associate of Bunsen. He ended his address with, "Long live Bunsen." The cheering had not ended when Prof. Helmholtz stood up and said: "Bunsen must indeed be immortal when even the graveyard (Kirchoff in German means graveyard) wishes him long life." Von Helmholtz was a man of remarkable appearance, and his eyes are said to have been among the most beautiful ever set in a human head. A few years ago his favorite daughter was married to Dr. von Siemens, to the great joy of von Helmholtz, thus uniting two famous houses. She is an unusually clever woman.

### Excerpts from Russian, Polish and Bulgarian literature.

**Outset of Helminthiasis in the Sick.**—Following Professor I. T. Tchividnovsky's suggestion, Dr. Alexander K. Sander (*St. Petersburg Inaugural Dissertation*, 1894, No. 96, r. p. 81), has carried out a laborious and elaborate inquiry concerning the frequency with which intestinal worms occur amongst the sick. The observations were conducted in the therapeutical male wards of the Nikolaievsky Voiennyi Hospital, St. Petersburg, the total number of cases successively examined amounting to 1,000. Of the number, 20 referred to retired soldiers, aged from 60 to 80; 34 to general laborers, aged from 25 to 40; 11, to pupils of a military school, aged from 15 to 19; the remaining 935 patients being active soldiers, aged from 20 to 26. A majority of the patients (599) were suffering from febrile affections. Only one of the 1,000 was admitted on account of helminthiasis. Of the remaining 999, 225 were treated for diseases of bronchi and larynx; 129, for epidemic influenza; 111, pleurisy; 101, acute gastrointestinal diseases; 38, chronic ditto; 81, anemia; 89, scurvy; 22, nervous debility, etc. In each instance the patients' feces were subjected to a microscopical examination for parasitic ova, the number of slides varying from 3 to 10 on each occasion. The following are the essential corollaries deduced by Dr. Sander from his valuable researches:

1. Intestinal worms occur in the sick approximatively as frequently as amongst the healthy. [The ova were found in 252, or 25.2 per cent., of the examined. The author's predecessor, Dr. V. S. Tokarsky, had similarly discovered the ova in 24.66 per cent. (in 148 out of 600) of the sick examined by himself. *Vide* an abstract of his monograph in Dr. Thomas M. Dolan's *Provincial Medical Journal*, November, 1892, p. 606.—*Reporter.*]

2. As regards the species, *trichocephalus dispar* is met with most frequently (14.6 per cent. of the examined); then follow *ascaris lumbricoides* (9.4 per cent.), *bothriocephalus latus* (3.5), *tenia* (0.5), and *oxyuris vermicularis* (0.4).

3. In rustic natives and inhabitants intestinal parasites occur more frequently than among town population (28 per cent. against 20).

4. In soldiers the frequency slightly surpassed that among the civil population.

5. The largest frequency is shown by recruits and soldiers of the first year of service, the proportion steadily and markedly decreasing with each successive year. [Thus, while among the recruits of 1894 as many as 60 per cent. proved to be hosts of this or that worm, in the soldiers of 1893 the respective figure was 43.7; in those of 1892, 31.05; in those of 1891, 23.71; in those of 1890, only 16.37, etc. As the author puts it, "the military service or life seems to manifest a kind of an anthelmintic action on the soldier," which fact might be chiefly attributed to the military surroundings being superior to rustic ones with regard to general cleanliness, food, drink, etc.] The round worms (whose "frequency amongst a community affords at least, to a certain degree, an indicator of cleanliness of the people") are the first to disappear, while the trichocephalus seems to be the most refractory in this regard.

6. Most frequently the worms are observed in patients with general debility or malnutrition. [The parasites were present in 46.91 per cent. of the anemic, 25.84 of the scorbutic, etc.].

7. In the febrile they seem to occur more commonly than in the non-febrile (29.21 per cent. against 19.21).

8. In patients treated with purgatives (castor oil, rhubarb, senna, etc.) or intestinal antiseptics (salol, naphthalin, calomel, carbolic and salicylic acids, corrosive sublimate, etc.) the parasites appear to occur most rarely (leaving aside the proper anthelmintic treatment). The trichocephalus seems to be the most obstinate with regard to any medicaments.

9. The trichocephalus is apt to induce habitual constipation (the symptom being registered in 68 out of 116 cases), while the ascaris and bothriocephalus latus cause frequently diarrhea (the latter was present in 26 out of 65 cases of the lumbrici, and in 13 out of 33 of the tape-worm).

The writer details an interesting case of progressive pernicious anemia rapidly cured by male fern; and a similarly instructive instance of profound anemia due to trichocephalus dispar and completely cured by santonin and naphthalin.

[Abstracts of the just-named cases will appear in the October issue of the *Provincial Medical Journal*. In the August number of the latter, p. 437, there may be found an abstract of Dr. A. V.

Nothanson's paper on "Pernicious Anæmia Due to Helminthiasis," with some bibliographical notes on the subject. The following Russian authors have published papers on the frequency of helminthiasis: Drs. Kessler (*London Medical Recorder*, August, 1890, p. 294), Baranowski (*ibid.*, p. 295), Gretchaninoff (*ibid.*, p. 294), S. S. Gruzdeff (*Provincial Medical Journal*, November, 1892, p. 606), K. E. Wagner (*Vratch*, No. 49, 1893). The same subject was treated by Drs. Banik (*Muenchener Medicinische Wochenschrift*, No. 96, 1886), and Heisig (*Greifswald Inaugural Dissertation*, 1893). The following note has appeared in the *British Medical Journal*, May 12, 1894, p. 1063: "*The Prevalence of Ascaris Lumbricoides.*—The *Vratch*, the leading medical journal in Russia, referring to Dr. Beaven Rake's paper on the prevalence of ascaris lumbricoides in the West Indies, published in the *B. M. Journal* of February 10th, (p. 288), says (1894, No. 7, p. 210): Dr. Beaven Rake would do a good service to science if he would take the lead in promoting a local statistical census of all cases of ascaris, similar to that made in Russia in recent years. His example would not fail to be an incentive for similar investigations in the West (Europe) and possibly he would find followers first of all amongst the members of the British Medical Association, of whose Branch at Trinidad and Tobago he has just been elected president." Both the abstract of Dr. Beaven Rake's paper and the just-reproduced note in the *Vratch* emanate from the writer of these lines, who feels indeed as sincerely as deeply grateful for the kindly notice taken of his suggestion by the world-read and world-spread organ of the mighty British Medical Association. We may add, 1, that our term "*Zapad (West)*" implies not only Europe, but America as well (as can be seen from our appeal being addressed in the first line to Dr. Beaven Rake in the West Indies); and 2, that our term "*glisty* (worm, parasites, entozoa)" implies not only round worms, but all intestinal parasites in general. In other words, we suggested that Dr. Beaven Rake and the British Medical Association should initiate a statistical and biological collective inquiry, resembling those carried out by the Russian and German workers named above. In another note in the *Vratch* (No. 22, 1894, p. 636), referring to a highly remarkable case of severe symptoms due to ascarides, published by Dr. M. P. Duke, of Montserrat, W. I., in the *British Medical Journal* (May 19, 1894,

p. 1116), we say: "Dr. Duke's very interesting and valuable case offers another evidence in favor of a thesis which is continually reminded of in the *Vratch*—the thesis, namely, that intestinal parasites deserve the most serious attention of every medical practitioner, be he or she a "general" one, or this or that specialist, all alike. Then we proceed: Using the opportunity, we beg permission to suggest that the organizers of the XII. International Medical Congress (and as such we regard all Russian Medical men and women, the whole Russian medical profession) should submit the question on the clinical importance of the parasites to the deliberation of the first international fraternal *Vetchë* (Common Popular Council of Ancient Russia) on the Russian soil. An early announcement in this direction would start harmoniously-corporating and systematical investigations in all ends of the world, with the ultimate result that towards the time of the XII. Congress there will accumulate a quite unique scientific material—a material unequalled in its quantitative richness and invaluable in all other regards."—*Reporter*.

**Sulphuric Acid as a Disinfectant for Sewage Water.**—In the Bulgarian monthly *Meditzina*, May, 1894, p. 26, Dr. M. Ivanov, director of the Sophia Bacteriological Institution, describes a set of experiments which he has recently made in the Berlin Institution of Infectious Diseases, working under Professor Pfuhl's guidance. The experiments were conducted with water taken from the Berlin and Potsdam town canals and artificially contaminated with pure cultivations of cholera stools. As a disinfectant the author used a 98.5 per cent. sulphuric acid with sp. gr. 1.84. He has arrived at the following conclusions:

1. Even in the case of a highly-polluted water, an addition of 0.08 per cent. of the acid proves sufficient to destroy all the cholera microbes present within fifteen minutes.
2. To secure such result, however, the mixture must show a fairly strongly acid (*dosta "silna kisela"*) reaction."
3. As regards the expenses, the sulphuric acid disinfection offers the cheapest of all methods yet known, except that by tar (*var*). As a matter of fact, 100 kilogrammes of the said 60° sulphuric acid can be obtained everywhere at the price of 6.50 German marks, (8 Bulgarian *levas* and 13 *stotinki*,) about 8.13 francs.

VALERIUS IDELSON, M.D.

Berne, Switzerland.

## Medical Progress.

### THERAPEUTICS.

**Salophen as an Anti-Rheumatic.**—The reports that have thus far appeared on the therapeutics of salophen coincide in ascribing to this remedy admirable anti-rheumatic and anti-neuralgic properties. Dr. Koster (*Therapeutische Monatshefte*) supplements this favorable testimony with the results of his own experience with salophen in cases of acute and chronic articular rheumatism and neuralgia. In thirty cases of acute articular rheumatism the pains and swelling disappeared rapidly, sometimes after a few 1.0 gm. doses, and usually after four days in the severe cases. After-effects were observed in but a few cases and were of slight character. The remedy also acted very favorably in a number of cases of muscular rheumatism. Although of little value in chronic rheumatism the results were excellent, and sometimes astonishingly good, in a considerable series of cases of neuralgic affections, such as headaches, hemicrania, trigeminal neuralgia. A woman who had suffered for three months from violent neuralgia in the left arm which could not be relieved by any of the customary anti-neuralgics, was cured within a few days; and in a case of severe supra-orbital neuralgia the attacks could always be relieved by administration of a few gramme doses. Koster concludes that salophen is a powerful anti-rheumatic and anti-neuralgic and a valuable addition to the *materia medica*.

**The Treatment of Tapeworm.**—Dr. Leslie Ogilvie attributes (*Boston Med. and Surg. Jour.*) the frequent failures in the attempt to remove a tapeworm to a lack of attention to details in the administration of the drug used. When the purgative is given soon after the anthelmintic the worm is carried away all but the head. In such cases it is useless to repeat the drug, as is frequently done, in a short time, as the worm offers but scanty absorbing surface, and the chief effect of the drug is to poison the patient. Neither does he consider castor oil a suitable purgative to give before the administration of the anthelmintic, as there is in all probability a considerable coating of mucus about the worm which the oil does not remove. Sul-

phate of magnesia with tincture of jalap he considers the most efficacious preliminary purgative. He conducts his case as follows, and reports thirteen consecutive cases successfully treated, ten of which had been previously treated without result. The patient should eat less than usual for a few days before treatment, and the day before should be restricted to a milk diet with a little stimulant. At bedtime a purgative draught of sulphate of magnesia and tincture of jalap is given, and repeated at seven the next morning if the first dose has not operated. At eight A.M. a drachm of fluid extract of male fern is given, and at nine o'clock a second dose. At eleven o'clock a dose of castor oil is administered; even if the worm has been passed previously it is well to give the oil to remove any of the poison which may be left. The physician should pay a visit soon after the second dose of male fern has been given, not only to observe the patient, but to inspect all the motions, each one of which should be passed into a separate utensil. In searching for the head it is convenient and less unpleasant to use a dilute solution of permanganate of potash as a disinfectant with which to separate the worm from the feces.

**Sublimate in Diphtheria.**—Dr. Raubitschek (*Norsk Magazin for Laegvidenskaben*) advises, in the treatment of whooping cough, the local application of 1 per cent. solution to the base of the tongue, tonsils and fauces. A tuft of cotton is dipped first into the solution and the fluid pressed out at the root of the tongue so that it runs down over the epiglottis and adjacent parts. In ordinary cases the procedure may be repeated every other day; in grave cases every day. In fourteen cases where this method was tried, including three of his own children, of two to eight years, rapid improvement and a cure followed in a few days. There is no danger of poisoning (?).

**Chlorine Water in Diphtheria** —Dr. Schubert reports on the value of chlorine water in diphtheria (*Med. and Surg. Rep.*). After an experience of many years he is most enthusiastic on the subject, claiming that no known treatment equals that of internal administration of chlorine water.

He gives a teaspoonful of a mixture consisting of two parts of chlorine water and one part of distilled water, repeating every two or three hours according to the gravity of the attack. On

account of the pungent odor the nose may be held for smaller children. Gargling or painting the throat is superfluous, but no water should be given after the draught. As a prophylactic the foregoing mixture may be given two or three times daily.

**Hemoferrum in Anemia.**—Dr. W. Thornton Parker says in a recent paper (*N. E. Med. Monthly*): Recognizing the value of iron as a tonic, our good matrons of the olden time prepared iron water by placing nails in a jar of water. This rusty, musty compound they gave to confiding children to drink much to their disgust and precious little to their benefit.

Now all this is changed. The medical man prescribes elegant preparations of whose honest manufacture and scientific value he is reasonably certain. No tonic pills ever devised have excelled these hemoferrum pilloids. Hemoferrum is an invaluable constructive, or more properly speaking, reconstructive agent. It is useful in all forms of systemic depression, marked by debility more or less general.

In convalescence from pneumonia, la grippe, typhoid fever, etc., it is very valuable in the treatment of chronic diarrhea, and other wasting diseases. In diseases of women, such as leucorrhea, weakness following child-birth, or from prolonged nursing, this tonic is especially useful.

A genuine tonic is then one of the most valuable medicines to be sought after in the present time, and in this preparation of hemoferrum we have a remedy worthy of both medical adviser and patient.

**Potassium Permanganate as an Antidote for Morphine.**—Mr. Graham Chambers has recently made a series of experiments in regard to this matter and he arrives at the following conclusions (*Canad. Pract.*): 1. Potassium permanganate in dilute solution, not stronger than one grain to an ounce, may be given by the stomach without danger. 2. Potassium permanganate, subcutaneously, is poisonous. 3. Potassium permanganate, grain for grain, completely decomposes morphine, the decomposition occurring in acid media more rapidly than in a neutral medium. 4. Food-stuffs and acetic acid do not interfere with the decomposition. 5. Potassium permanganate is an efficient antidote if taken while the morphine is in the stomach.

The question still remains as to whether potassium permanga-

nate is of therapeutic use after the morphine is absorbed into the system. It has been proved conclusively that if morphine is introduced subcutaneously into the system it is excreted into the stomach. Now, the morphine passes from the blood into the stomach by osmosis and by excretion, and, by the principle of osmosis, more morphine will be excreted if it is decomposed as soon as it passes into the stomach. Reasoning on this principle, we would expect that repeated small doses of potassium permanganate by the stomach would be of use in cases where the morphine has been absorbed into the system. This is rendered more probable by the fact that morphine, as a rule, is a slow-acting poison.

#### PHYSIOLOGICAL AND PATHOLOGICAL NOTES.

**Behring-Ehrlich Curative Serum.**—The antitoxin treatment is all the rage for diphtheria at the present moment, and statistics are as yet in favor of its use (*Med. Press*). The small town of Wildhausen, with 2,000 inhabitants, has regular epidemics of this disease, as many as 384 cases before the month of July, with 46 deaths. From the 14th of May this year till the 1st of July there were 48 treated with antitoxin, and only three deaths from blood poisoning. The deaths in the first place were 12 per cent. of the attacks, with the antitoxin it was 6 per cent. of the attacks. This result must be accepted, as many other isolated cases, with caution. A very small part of the cases were treated, the disease may have been milder at that individual period, or some other favorable agent may have been co-operating at the same time. Two of the three cases of death are attributed to the invasion of the streptococcus, over which the antitoxin has no power as far as is known. Again, croup is credited with the other death, which must be due to another admittedly active agent over which the drug has no power.

**Consumption at Different Ages.**—The common impression, based on the statements of many of the older text-books, is that phthisis is especially a disease of early adult life. The statistics of death in Great Britain, probably the most complete and extensive anywhere attainable, however, indicate that this is not correct (*Phila. Polyclinic*). The largest number of deaths, according to these statistics, occur in the decade from thirty-five to

forty-five years of age, and that not until about sixty years of age do the number of deaths from this cause, as compared with the number of persons living, fall below the average for the period, from twenty to twenty-five. It is to be remembered, however, that the disease usually requires several years to run its course, so that infection probably occurs, on the average, nearly five years earlier than death.

**Biology of Gonococci.**—Dr. Finger, in conjunction with Drs. Ghon and Shlagenhauser, has recently been experimenting in the Vienna Institute for Pathology and Anatomy, with the object of testing the limits of growth and habits of the gonococcus in different nutrients and temperature, as well as their pathological influence from cultures when injected into different tissues of the body. The report commences with the collection of the gonorrhreal discharge in one of Petrie's saucers, into which the urine agar may be placed. Finger considers human blood serum a better nutrient for the gonococci than urine agar, as the cultures appear stronger. From the first observation he concludes that the gonococcus does not thrive well on alkaline nutrients, while strong acid nutrients produce healthy broods. The best temperature is between 30° and 39°, the optimum 36° C. Between 25° and 30° C. the development is very imperfect, and when it reaches 40° C. the microbe suddenly dies. Another delicate point in the growth of the culture is the previous drying of the nutrient, which must be done with care. The gonococcus lives in the gonorrhreal discharge as long as it is moist, but as soon as it dries the microbe is destroyed; this he considers a valuable point in forensic medicine. In the identification of the cultures they were inoculated in different individual urethras, and it was observed that inoculating with acute gonorrhreal discharge a urethra previously healed, or a chronic gonorrhreal urethra, was not rendered immune, but was reinfected; also inoculating a chronic gonorrhreal surface with acute gonorrhreal matter had a healthy influence on the rapid repair on the chronic surface. It was further observed that urethritis posterior commenced in all the cases fourteen and twenty-one days after inoculation.

The attempts to inoculate animals with the gonorrhreal cultures were negative. When injected into the joints synovitis was produced, which rapidly healed; when injected into the abdominal

cavity a kind of circumscrip<sup>t</sup> peritonitis was produced, but in both morbid changes the microbe died within twenty-four to forty-eight hours. Inoculations were tried on the urethra of patients whose lives were beyond repair, and in the acute urethritis the microbe was found variously distributed among the tissues. Inflammation was perifollicular, desquamation and infiltration of the epithelium and pus cells, infiltration of the fibrous tissue, pustular catarrh of the Morgagni pouches extending to Littré's glands. The gonococci were found in the squamous epithelium of the fossa navicularis, in the cylindrical epithelium penetrating their entire thickness, in series between the epithelium cells, and in the protoplasm of the epithelium, or wedged in the leucocytes. In the fibrous tissue on the external surface were found little groups. In the Morgagni lacunæ and the canal leading from Littré's gland, as well as the lumen of the gland, were found little accumulated masses. He concluded that the gonorrhœal microbe had some relation to the tissues which were attacked. In squamous epithelium it remained on the surface; in cylindrical epithelium it penetrated the mass and attacked the sub-epithelial tissue. In squamous epithelium the gonococci are usually combined with leucocytes; on the surface in the cylindrical incorporated with the tissue.

**Diagnosis and Treatment of Diseases of the Stomach by the Stomach-Tube.**—At the recent meeting of the American Medical Association, Dr. A. W. Perry, of San Francisco, stated (*Med Rec.*) that most disorders of the stomach depended upon fermentations or abnormal accumulations in quantity or quality in that organ. The fermentations were acetic, lactic, butyric, cellulose, etc. Lactic acid fermentation develops normally within fifteen to twenty minutes after digestion commences, but is held in check by the hydrochloric acid of the gastric juice. Acetic and butyric fermentations are prevented by a more rapid complete emptying of the stomach. By means of the stomach-tube we can determine dilatations, and determine the chemical composition of the stomach contents. Spasm of the glottis may interfere with the introduction of the tube. To overcome this, the speaker is in the habit of touching the back of the pharynx with the finger. Cocaine may be used. In some cases the circular fibres of the esophagus contract and thus obstruct the passage

of the tube. Reflex spasm of the glottis is the obstacle in the greater number of cases. The stomach-tube should be used only every other third or fourth day. During the intervals the internal administration of an antifermentative is recommended. The speaker uses resorcin, gr. v., after meals, and finds this does not interfere with the digestive processes. The use of the stomach-tube will prove valuable in the diagnosis of cancer and ulcer of the stomach, by allowing a quantitative test for hydrochloric acid.

The author finds lavage of benefit in the treatment of the following stomach disorders: acute and chronic gastric catarrh, dilatation of the stomach, not dependent upon pyloric stricture, various fermentations, causing reflexes, cancer, ulcer, and finally in obstinate singultus.

**Arsenic Poisoning.**—Post mortem examinations of arsenic poisoning are so few that all information on the subject should be carefully examined. Henschen and Hildebrand have recorded one that has given rise to a little discussion (*Ex.*). The case reported is one of a female, æt. 49, who from childhood had suffered from epileptic fits. On the 27th of January, 1883, she was persuaded to buy powders from a traveling quack which would infallibly remove the fits. The same evening she took half a teaspoonful of the powder. In the middle of the night she was awakened with severe vomiting; the following day fluid stools with lancing pains in the hands and feet. On the third day she had paralysis of the lower extremities soon followed by the upper extremities, subsequently weakness, emaciation anesthesia of hands and forearms which became paresthetic and painful. Later the paralysis of the upper extremities receded, but the legs increased. Sensibility was reduced in both extremities as well as the electric stimuli which was quite lost in the peroneus region. The patellar and plantar reflex were absent. No disturbance of bladder or bowels persisted. The usual post mortem was performed which need not be repeated, but the microscopic examination of the periphery nerves issuing from the spinal cord had decidedly suffered from neuritis. Many of the nerve fibres, even large numbers, would not color by Weigert's method. In the spinal cord the ganglion cells were greatly reduced, those present were pathologically changed, irregular in shape, greatly diminished, some quadrilateral with granular contents, no trace

of nucleus and having no outgoing fibres. Goll's column was quite degenerated. In the lumbar region a hole one centimetre high and one millimetre in diameter was found in the gray substance of the left side. The margins were ragged, interspersed with numerous red blood corpuscles, which were also plentiful in the neighborhood. It would appear from this that the arsenic poisoning transformed the gray matter of the cord as well as acting on the periphery of the nerves.

#### DISEASES OF WOMEN AND CHILDREN.

**Influence of Sea Baths on Menstruation.**—M. Houzel stated that most authors are in accord in the opinion that baths are contra-indicated during the menstrual period. This opinion may be correct as regards the women of towns, but his personal observation has shown him that the robust and perfectly natural woman is not in a condition bordering on illness during this period (*Univ. Med. Mag.*). With her menstruation is a purely physiological act, silently accomplished, and accommodating itself to the fatigues and vicissitudes which the necessities of life impose upon her. Sea baths, far from deranging, favor menstruation, prolong the period of sexual activity, and increase her fruitfulness. He has frequently been surprised to see the fisherwomen, poorly nourished, slightly clad, feet and limbs bare, wade into the sea up to the waist, and sometimes up to the armpits, remaining there for hours. In spring and summer, having filled their nets with shell-fish, they come out of the water, and with their wet clothing, and the dripping net on their shoulder, traverse the town selling their fish. In the winter they may be seen, in coldest weather, with a heavy basket of mussels on their backs, from which the icy water constantly drips. Sometimes their clothes are completely frozen during menstruation, yet without causing any ill effects whatever. All this may seem surprising, and may by many be attributed to race and habit, but a study of sea baths and their effect on the uterus easily explains it, and shows that all women, except those with grave lesions of the appendages, might imitate these fisher-women to great advantage, provided they allow themselves time to receive the benefit of the sea air and to become accustomed to sea baths before going into the water during the menstrual period. Of 123 fisherwomen examined by Dr. Houzel puberty

occurred on an average, at the age of 13 years and 10 months, and the menopause at 49 years and 6 months—a difference in their favor, as regards the period of fecundity, of 3 years and 7 months over women not going into the sea. According to Raciborski (*Traité de la menstruation*, pp. 200, 248, *et seq.*) the average period of sexual life of the Parisian woman is 31 years and 7 months.

**Technique of Curettage.**—Dr. M. Sanger states that, aside from the infectious, gonorrhreal forms of chronic endometritis, the most frequent and important varieties are endometritis menorrhagica and hypersecretoria (*Int. Jour. Surg.*). For the former (endometritis interstitialis, fungosa, climacteria) the best treatment consists in curetting, followed after a few days by the application of caustics. In endometritis hypersecretoria, which is usually limited to the cervix uteri, irrigation, gauze "drainage," and cauterization are especially indicated. Irrigation must be preceded by dilatation of the cervix with laminaria tents, and rarely effects a cure unless associated with other measures. As a preparatory procedure to cauterization, washing out the uterus with a soda solution is of service. The use of gauze tampons, especially of medicated gauze, has a favorable action, although they should not be regarded as promoting drainage. They have the disadvantage of requiring to be frequently renewed. This objection does not apply to cauterization; the stronger the caustic the less frequently it has to be repeated. Sanger believes that in general the cauterization resorted to is too mild and too frequently repeated. Among caustics he prefers a 50 per cent. solution of chloride of zinc, which is suitable both for catarrhal as well as chronic, infectious and menorrhagic forms. In cases where the cervical canal is narrow, in virgins and nullipara, weaker solutions are in place. If a 50 per cent. solution be employed, the application should not be repeated until the end of sixteen to twenty days. For cauterization Sanger employs a long, thin silver sound.

**Mental Disorders of Childhood.**—Dr. Henry M. Hurd concludes an excellent paper on this subject as follows (*Boston Med. and Surg. Journal*): The feeble mental powers of growing children are taxed to the utmost by excessive memorizing of isolated and miscellaneous facts. Nervous and conscientious chil-

dren are rendered morbid by the exactions of oppressive regulations or a foolish routine, which confuses moral distinctions and gives peace to the untruthful alone. Knowledge is not imparted as a means of strengthening and developing the mind, but for its own sake as useful facts. Little children are subjected to the worry of examinations and to the ruinous competition of marking and of weekly report-cards. Growing children are drilled to carry out elaborate mathematical calculations in haste, and a premium is often placed upon rapidity of performance rather than correctness. Too many branches are taught, and too many hours are spent in school. In many schools children of ten years of age are compelled by reason of excessive lessons to spend hours at home, which should be devoted to play or to sleep, in the preparation of lessons. To regular school duties in many instances, especially with young girls, is added a semi-weekly music lesson which involves several hours a day of close application to routine "practicing" at the piano in a constrained position. The exercise is monotonous and wearisome to the last degree to minds and bodies already overtaxed by study and several hours of confinement to the school-room. Recreation even is converted into a fresh tyranny. Almost every girls' school has a well-equipped gymnasium, where muscular exercise is made compulsory in movements designed to cultivate the physical system, and where all movements must be executed with the precision and exactness of military drill. While engaged in writing this paper I chanced to visit a gymnastic exhibition in a well-appointed school where girls varying from ten to fourteen years of age were taught. Their movements were marvellously precise and correct, and were executed with dash and enthusiasm. I was struck, however, with the nervous strain apparent in the countenances of many of these young girls. It did not seem play or recreation, but a task to be executed with as much expenditure of nervous and mental energy as any form of study. These are every-day examples of the trend of our present educational methods, and they might be indefinitely multiplied; but I spare you the further details. Is it any wonder, under these circumstances, that the mental disorders of childhood are increasing in frequency? Is it not our duty as medical men to protest against the burdens which are thus unnecessarily placed upon growing and immature brains?

## SURGERY.

**Retention Cyst of the Frontal Sinus.**—Dr. F. B. Eaton, (*Jour. Am. Med. Assn.*) reports the following: In January, 1893, an Italian aged about 26 years, consulted me concerning what appeared to be an osteoma at the upper and inner angle of the right orbit. Three years before, the skin over the right brow and upper lid became red and swollen. The redness disappeared in three weeks; the swelling remained. Six months later a soft swelling appeared where the tumor is. Sometimes there was pain over the right brow. Nose used to run before the swelling, but has "dried up" since. The hard swelling has increased slightly in the past year. No specific history.

Objectively the right eye was pushed downward and outward, and there was some proptosis. The hard tumor, about the size of a hickory nut, was not tender to the touch. Nasal respiration was impeded by a very large polypoid in middle turbinated bodies, the right being fully one-half inch wide. Believing this condition might be connected with that of right frontal sinus, I snared off with a powerful instrument the anterior portion of the right middle turbinated bone, the piece being the size of a hickory nut. That night a large amount of fluid escaped from the right nostril. Later I used a small electric light and found I could illumine the left, but not the right frontal sinus when it was placed under the brow.

In consultation I made a small incision over the projection, ten millimeters above the tendo-oculi, and with an electric drill perforated the bone which proved to be thin. The drill entered a cavity which could be probed to great depth.

Two weeks later at the Good Samaritan Hospital I made an incision parallel with the eyebrow joining it by a vertical one at the inner end, exposed the bone, and with a beak-shaped bone knife removed a piece of the bony shell one inch long and one-half inch wide. The sinus was found completely and tightly packed with a fatty granular substance, which was removed with a curette as rapidly as possible, there being profuse hemorrhage. There was no capsule. The sinus was as large as a good-sized egg, extending far back, and its outer and lower wall was very thin. This cavity was packed with iodoform gauze, which could not be changed for several days, owing to the free hemorrhage.

which returned on each attempt. I decided later on to endeavor to obliterate the cavity by keeping it packed with gauze, since there was a continued tendency to muco-purulent discharge, owing to infection from the nose. I made an attempt to secure free drainage into the nose by passing a long, slender silver probe, by way of the infundibulum, into the sinus. To the end I attached a bit of silk suture, tying it to a strip of gauze which I drew into the nose. On the following day I found the gauze caused so much irritation that I withdrew it, and continued the daily packing with gauze, which, in about four months, resulted in obliteration of the cavity. The projection of the outer wall remained, however, as well as the displacement of the eye.

The substance removed, examined under the microscope, proved to be composed mainly of fusiform cells of an epithelial character, with some amorphous fatty substance.

**Fifty Cases of Rectal Surgery.**—Ricketts (*Mathews' Medical Quarterly*) gives detailed statistics concerning fifty cases of rectal surgery, and concludes from these cases that in such operations it is necessary to have the patient completely anesthetized, and that the use of chloroform is the quickest and best means of securing this end. Cocaine is not satisfactory. This drug should, however, be given the preference in minor surgery.

As to the clamp and cautery, he relies wholly upon them in removing hemorrhoids of any size or number, it being the safest and quickest method, and so followed by speediest convalescence.

An application of the actual cautery to all ulcers and fissures at one sitting has been the most efficacious means of destroying them that he has found (*Ther. Gaz.*).

Division of fistulae with the bistoury has not failed in any attempt to obliterate them, without in a single case destroying the function of the sphincter.

Of eight cases of ischio-rectal abscess, five occurred at the time immediately following an acute gonorrhea. Fistulae resulted, and were operated upon each of the eight cases. He believes that acute gonorrhea is the most frequent cause of ischio-rectal abscess in the male. However, an acute inflammatory process, due to any cause, is as likely to produce an abscess, the contents of which may escape into the rectum.

It is interesting to note that thirty of the cases were either

tubercular or syphilitic. In the four cases of carcinoma the disease had progressed to such a degree as to render it unwise to attempt a radical operation, except towards the last, when colotomy should have been resorted to, but was refused.

Case No. 50 was unique, in that, falling from a table, a piece of ducking one and a quarter inches square was driven along the side of the rectum by a chair leg. The foreign body remained concealed for five months without detection, until the writer was consulted. A portion of the sphincter was torn away, but its office remains good at the present time.

The average loss of time is but little for surgical cases of this nature.

**A New Method of Gastrostomy.**—Dr. Edmund Andrews, of Chicago, stated before the Illinois State Medical Society (*Ex.*), that impermeable stricture of the esophagus necessitated making an artificial opening in the stomach for the purpose of feeding the patient. In the old method an unexpected obstacle arose. Though the stomach received and digested the food put into it through the artificial opening, yet it was unable to propel it onward into the intestines, because, whenever it contracted for that purpose, the resistance of the pylorus was greater than that of the artificial orifice, and the chyme was forced out of the wound and lost; hence, the majority of the patients, ultimately, though slowly, died of starvation. Several plans have been devised to overcome this difficulty; notably those of Kocher, Alberti and Wetzel. What is needed for permanency is the formation of a valvular canal with a lining of mucous membrane. The mucous membrane of the stomach is separated from the muscular coat by an exceedingly loose stratum of connective tissue. Dr. Andrews found that the mucous layer could be made to glide to and fro in a remarkable manner over the muscular coat. This exceeding looseness of the membrane greatly facilitates raising flaps from it to construct the valvular mucous canal. His procedure is as follows: External antisepsis is obtained as usual, but the preliminary washing out of the stomach cannot be performed on account of the stricture of the esophagus. The external incision is made in the usual way, the stomach exposed and identified, and drawn out through the wound far enough to give freedom in handling. An incision is then made from near

the upper border directly downward about two inches. Before this is done, however, provision must be made to prevent its fluids from getting into the peritoneal cavity by the careful placing of large sponges. As the patient has been prevented by the stricture from taking food, the contents will be found to be only the secreted fluids. The cavity is washed out with warm boric acid solution, and the edges of the incision secured against slipping back into the abdomen. The lower part of the anterior wall is raised, turned out through the incision and spread out flat. From the lower end of the cut two incisions are made through the loose mucous membrane, one to the right and the other to the left, each extending about three-fourths of an inch laterally from the lower end of the main incision. From the end of each of these two mucous membrane incisions another cut is made downward through mucous membrane, parallel to the axis of the body and to each other for a distance of about one inch and a half. At the lower ends the two incisions are turned at a right angle toward each other, but not meeting, a separation of one-third of an inch being left between them. A female dog weighing forty-five pounds was subjected to this operation April 5, 1894. There was no leakage of the contents of the stomach whatever. At the end of a month she was in robust health, and on being killed May 4th, the valve in the stomach was found in good working order, and readily pervious to tubes. There might be, in some cases, a contraction of the external or internal orifice of the channel, and hence after the tube is withdrawn it should be occasionally reinserted to test the size of the channel, and, if necessary, to dilate it.

**Resection of the Ankle-Joint, with Removal of the Os Calcis, for Acute Osteomyelitis.**—Dr. H. L. Jenckes details the following case in the *Medical News*: Cases of acute suppurative periostitis, or osteomyelitis, are of so frequent occurrence as to attract no special attention. While in many cases the etiology is obscure, in some it is undoubtedly tuberculous. Clinicians have not been slow in recognizing the gravity of the affection, although it is comparatively recent that inflammation in bone has been treated like suppurative inflammation in the softer tissues, *i. e.*, by free incision.

The diagnosis of inflammation in bone is not always easy,

some forms pursuing a slow course, and, giving rise to but little pain, are thus not diagnosed until the cold abscesses which they cause appear.

As the result of osteomyelitis, the tibia and femur are seen to increase in size and to attain an enormous thickness. Such was the condition of a tibia from which I recently chiselled away part of the bone and removed sequestra.

The case of osteomyelitis considered in this report occurred in a child about seven years of age. The family at first thought him suffering from rheumatism of the ankle-joint, and for this supposed condition medicine was obtained, which afforded little, if any relief.

When I first saw the case the joint was greatly swollen and inflamed. Pus had formed, and would soon have escaped spontaneously. Recognizing the serious nature of the disease, a free incision was made into the affected parts, and nearly a teaspoonful of pus evacuated. Directions to have the ankle frequently washed with mild antiseptics were given, but were only imperfectly carried out.

At the end of a week the family was led to believe the child improving because he was suffering less pain, but upon examining the joint, at the end of another week, it was found to be in a far worse condition than when first seen. Several sinuses had now opened, and through these denuded bone could be felt. A sinus on the dorsum of the foot led down to the astragalus, from which a small piece of bone had exfoliated. This was removed. Several openings under the outer malleolus led to the calcaneum, from which the periosteum had separated.

As resection of the joint and removal of the dead bone offered the only prospect of saving the foot, this was done. The disease being confined chiefly to the calcaneo-astragaloid articulation, and involving the calcaneum mainly, I decided to remove that bone. For this purpose the patient was anesthetized with ether. An incision was made through the sinuses on the outer aspect of the foot, and carried from the calcaneo-cuboid articulation backward through the tendo Achillis. Through this incision the bone was grasped and removed. The sinuses leading down to the astragalus were now enlarged, and that bone was scraped and cleansed. The wounded surfaces were irrigated and dusted with iodoform. The subsequent course was favorable through-

out. The wound healed firmly by granulations, and a useful foot was the result.

In separating the attachments of the calcaneum the operator should avoid wounding the posterior tibial artery. The vessel is here situated midway between the inner malleolus and the tuberosity of the os calcis.

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**An Ambulance Surgeon Murderously Assaulted.**—Dr. Thomas Garvey, ambulance surgeon to the Harlem Hospital, New York City, came very nearly losing his life while removing a desperate patient to the hospital for treatment. The man, who was partially intoxicated and suffering from a dislocation of the humerus, drew a pistol and fired on his surgeon while they were in close quarters in the removal wagon. The bullet took effect in the right shoulder of Dr. Garvey, causing a painful but not serious wound. Before the man could follow up his murderous attack, the surgeon threw himself forward on the man and disarmed him. The man subsequently stated that he mistook the surgeon for an officer who had him under arrest. Whatever the motive of the man may have been, his missile went very near to blotting out the life of a worthy young surgeon.

**A Revival of Hindu Medicine.**—The educated natives of India intermittently advocate, through the native press, the resuscitation of indigenous and time-honored methods of treating disease which have fallen into disrepute and disuse (*Ex.*). The merits of ancient drugs and of primitive practices are on such occasions vaunted as being better in themselves and better adapted to the people and circumstances of Hindustan than exotic systems and medicines. It appears that dispensaries have been established in the native states of Travancore and Mysore, for the purpose of giving the natives of these territories the benefits of Hindu medicines, which are considered more congenial, cheap and efficient than foreign medicines. Foreign surgery is allowed to be infinitely superior to native, and no attempt is made to compete with that. It is recognized that native doctors are, with few exceptions, ignorant and uneducated, and it is proposed to teach them "chemistry, physiology, hygiene and other kindred subjects."

[October,

## Society Proceedings.

### OBSTETRICAL SOCIETY OF CINCINNATI.

#### PRESENTATION OF SPECIMENS BY DR. GILES S. MITCHELL.

Mr. President: I have two little specimens I would like to exhibit; the cases are not remarkable, and yet in some respects they are interesting.

The first is a small polypus, which I removed lately. The patient, a married lady, blonde, sterile, æt. 40, I saw for the first time one year ago. At that time she complained of hemorrhagia, and had also, during the intermenstrual period, a semipurulent discharge, so offensive that when I first examined the case I suspected she had malignant disease. A careful examination of the patient at that time revealed a uterus with a cavity five inches in depth. Of course, I suspected there was a large fibrous tumor; but after making a careful examination with the patient under ether, so far as I was able to determine the uterus was enlarged equally in every direction, and no tumor existed. I simply curetted carefully the cavity of the uterus, and the amount of debris removed was probably half a teacupful, and microscopically appeared to be sarcomatous tissue. From that time until three months ago she was comparatively well. Three months ago the profuse menstruation returned, accompanied by considerable pain. She made her appearance at my office about two weeks ago, when I made an examination and discovered what I suspected to be a very small mucous polypus. She was within a few days of her menstruation, and I thought it was so trivial a matter that I would take it off with a Jarvis snare, which I have for the removal of nasal polypi; but I soon found that it had its attachment further up and was larger than I anticipated. After her menstrual period she went to the Presbyterian Hospital, when upon examination I could not see the tumor, and the os was so small I was unable to introduce even the tip of my finger. I dilated the cervix as much as possible without tearing it, and I then discovered that what I had supposed to be a polypus was a fibroid polypus as large as a hen's egg, and had its attachment at the fundus. In order to get at the neoplasm it was necessary to make bilateral incision of the os. The tumor was then dragged down by mean

of a vulsellum forcep, and by the aid of another pair of forceps I slipped the wire ecraseur over the growth and succeeded in cutting it off. When I saw this patient one year ago the uterus was very greatly enlarged, and scrapings from the endometrium macroscopically seemed to be sarcomatous, but examined microscopically were found to be malignant. Of course, it is interesting to know what was the cause of the uterine enlargement. The uterus was not tender, but it was enlarged equally in every direction. A year later she had this polypus, which was attached to the fundus.

Dr. G. S. Mitchell.—This specimen is tubes and ovaries removed for the relief of pain. Patient, Mrs. E., blonde, married, æt. 28, mother of two children, both born prematurely. Date of last confinement January 10th, 1893, since which time she has suffered almost constantly, in spite of various plans of intelligent treatment. Operation was made February 24th, at Presbyterian Hospital, Drs. Withrow and Hyndman assisting. The right ovary, enlarged and cystic, was prolapsed and bound down by important adhesions. Left ovary and tube only slightly diseased. The most interesting feature of the specimen is a varicose condition of the vessels of the par-ovarium. From the sense of touch, I at first thought the mass of dilated vessels was a supernumerary ovary, but visual inspection revealed at once its true nature. Owing to the first adhesions it was deemed best to insert a drainage tube, which was removed thirty-six hours later. Three hours after operating three ounces of blood were pumped out through the tube. She is now, from a surgical standpoint, well.

#### DISCUSSION OF DR. MITCHELL'S CASES.

DR. BONIFIELD.—Mr. President: In regard to the removal of the ordinary fibroid polypus, I do not believe there is any danger in cutting them off with scissors, if the pedicle is small and they have been completely extended from the uterus. I have frequently done so, and never packed the uterus, and had no hemorrhage to speak of. The most interesting case of this kind I have seen I saw a few years ago with a gentleman in the suburbs. He said he had delivered a patient about a week before. The day before asking me to see her he examined her and found the uterus inverted and the body filling the vagina. I went out to see the case with him, and on a casual examination I was in-

clined to agree with his diagnosis; but after putting the patient under an anesthetic and examining more carefully, I found the cervix and the pedicle of a polypus issuing from it. The growth was probably as big as a cocoanut, or larger, and after removing it with the scissors we had no trouble. About two years ago I removed a polypus a little larger than a hen's egg over in Newport. Recently I was called to see the patient and found another polypus, which looked as much like the other as two potatoes ever look alike. They were hard specimens, and not like the one exhibited.

#### CLOSE OF DISCUSSION.

**DR. MITCHELL.**—Mr. President: In regard to hemorrhage after the removal of a fibroid tumor, I do not remember that that is ever regarded as an element of danger. I have never seen a hemorrhage of any degree following the removal of a polypus. It seems like a very easy matter to enucleate or cut off with a pair of scissors a small fibroid polypus, but in this case there was a history of several attacks of peritonitis, and the uterus was not easily dragged down; and after I had dilated with the Goodell dilator and made bilateral incision of cervix, it was difficult to introduce my finger, and it seemed to me easier to slip a wire over it than to try to cut it off with the scissors. I have removed polypi very easily in which the tumor did not fill up the entire uterine cavity or had been extruded into the vagina. The chief point of interest is the mistake I made when she called at my office; I thought it was a mucus polypus, and that it had its attachment near the os externum. However, before she left the office I found the attachment was higher up. The uterus now measures only about three and one-half inches; at the time I saw her, a year ago, the uterus was fully five inches. I expect to have a microscopical examination made of the tumor, but I do not think it is malignant.

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**Take a Vacation.**—Dr. Alexander Stone says: "Doctor, whatever you do, do not forget to take your vacation. I can assure you that you will be able to do more work, better work, make more money, enjoy life fuller and live longer, if you work eleven months in the year than you would if you labored for twelve." But perhaps some of the doctors' hearers feel as the tramp did when advised to take three regular meals a day.

## GYNECOLOGICAL AND OBSTETRICAL SOCIETY OF BALTIMORE.

WILLIAM S. GARDNER, SECRETARY.

Sixty-second meeting; the President, Dr. Thos. A. Ashby, in the chair.

Dr. G. Lane Taneyhill read a paper on "Puerperal Mania," in which he gave his personal experience. He confined his paper to that division termed by Lusk "The Insanity of Childbed," and by Ramsbotham, that form attended by great excitement and furious delirium, intentionally ignoring the other two forms, the "Insanity of Pregnancy" and the "Insanity of Lactation."

When we consider how active are the causes of physical disturbances in women during their child-bearing period, we need not be astonished at Tuke's assertion that, of the insane admitted to asylums, *in one eighth* the affection is of puerperal origin. Of the seven cases he had treated five were of the excitable furious form; this form predominates in Burrow's statistics, who, out of a total of fifty-seven, noted thirty-three as maniacal, sixteen as melancholic, and eight as alternating; and Playfair gives the relative proportions of each form, per hundred, as follows: Insanity of Pregnancy, 18%; Puerperal Insanity, 47%; Insanity of Lactation, 34½%.

Women endowed with acute feelings, of an excitable temperament, and especially unmarried women, who have conceived and who experience a deep mortification and have necessarily been exposed to other harmful factors, are probably more predisposed to this affection than others. Of ninety-two cases treated by Esquirol twenty-nine were "illegitimately pregnant."

Many causes are assigned for this sad affliction, among which is "that undue excitability of the nervous system present during pregnancy, labor, and the chief portion of the process of lactation." Half of the eighty lying-in women who were treated by Burrows, and who became delirious, had a hereditary disposition to insanity. Terror and alarm had been assigned as causes in two of Dr. Taneyhill's cases. Diseases antedating pregnancy, hemorrhages and eclampsia may be considered approximate but not fundamental causes of puerperal mania. Septicæmia is mentioned by Sir James Simpson as a cause in four patients in whom he found albumen in the urine; and Dr. Donkin, in the 7th Vol.

*Edinb. Med. Journal*, sustains the view, calling it renal puerperal mania. Playfair, however, criticises this hypothesis by asserting that the albuminuria is transient while its supposed effects last for months; and says, why should uræmic poisoning in one case cause insanity and in another convulsions?

The impatient, irritable, suspicious victim of this malady may first fill the attendants with consternation by suddenly breaking out in a wild torrent of invective against her husband or some dear relative. This will frequently be followed by listlessness, obstinacy and an absolute ignoring of the fact that she has lately given birth to a child, or she may insist that the child has died or is that of another. The countenance is changed. The sweet disposition becomes one of studied revenge. The chaste demeanor is supplanted by immorality and obscenity of language, incredible except to those who have been compelled to be in the presence of such a maniac; inattention and perverseness will follow in the quieter intervals. Frequently the lochia are suppressed and bowels constipated, and persistent insomnia continues to resist some of the most approved annodynies.

Gooch, in his work on "Disorders of the Mind in Lying-in Women," refers to a case of delirium tremens which simulated this disease, but the known habit of indulgence or the contrary in a few days reveals the true nature of the case. Phrenitis, encephalitis or acute delirium, although like puerperal mania, are accompanied by violent and furious excitement; yet we also have tinnitus, vertigo, severe pain in the head, high fever, hard pulse, congested eyes and intolerance of light; whereas in puerperal mania we generally have a quick but soft pulse, seldom any rise of temperature, face pale and impressing one as if the patient were suspicious of some betrayal or calamity about to ensue, with eyes bloodless and without expression and a disposition to gaze contentedly at the mid-day sun. After relating several amusing cases of mistaken delirium tremens and phrenitis for puerperal mania, he referred to the prognosis, remarking that his fatal cases were those occurring soon after delivery, and having a continuously rapid pulse, two out of seven having died. Esquirol in treating ninety-two cases in four years had fifty-five recoveries, and Burrows reported from fifty-seven cases thirty-five recoveries, eleven remaining uncured, ten died and one committed suicide. Thus it will appear that Lusk is safe in estimating the recoveries at 60%.

He had seen but one post mortem of a subject of this distressing malady, and the only discovery of note was a marked absence of blood in the brain. He knew of no other post mortem condition peculiar to the disease. Restraint and seclusion he considered absolutely necessary in the treatment. Send her to an institution, if possible, one on the "cottage plan," undisturbed by the noise of other maniacs, and withdrawn from the visits of friends and relatives. If compelled to treat her at her own house, take a high, quiet room; ventilate, but screw sash to window frames; remove "dangerous" articles of furniture, for these maniacs are suicidal; interdict visits and retain a patient, intelligent, matronly nurse. "Combat morbid symptoms as they arise," allay nervous excitement, but abstain from any medication that may exhaust the patient; *freely evacuate the bowels*, restore the lochia if suppressed, freely use the warm sponge bath, and of all things secure for her an abundance of *sleep*, he gives half a grain of morphia hypodermically each night, repeating it in six hours if necessary. As "excitation is not inflammation," and as Burrows says muscular exertion is not vital power, we should not in these cases resort to blood-letting and powerful sedatives. If the action of morphia resisted, Dr. Taneyhill resorted to 30 gr. injections of hydrate chloral per rectum in warm milk. She should be compelled to take a free and full diet to counteract the astonishing waste of tissue which supervenes.

In 1868, as we discharged a beautiful young married woman from the Maryland Hospital for the Insane, sound in mind and body, he remarked to the superintendent that it was sad to think that she had any ovaries, implying, of course, that she should not again be subjected to the liability of conception. It is said that Prof. Goodell, at International Medical Congress of 1881, remarked that every insane woman should be deprived of her ovaries; he was not prepared to express such a radical opinion, but had observed in the *American Journal of Obstetrics*, 1892, that Dr. Rohé of this society had the courage, in a moderate number of cases, to bring to the test of experience this hypothesis. Four of the cases operated on were those of puerperal mania. We are told that two were improved, but not cured, and two left the asylum quite well a few months after the operation. A conservative man might venture the opinion that at least in cases of recurrent puerperal mania, where the sexual disorder is clearly responsible for the insanity, the ovaries ought to go.

In convalescence give your patient a change of location and air, and this new environment and the constant presence of an intelligent, cheery nurse, and yet with few visits for several months by relatives, we may reasonably expect complete restoration.

Dr. Rohé.—I want to take occasion to say that I do not agree with the opinion of Dr. Goodell expressed in 1881, or his present opinion, which is just the opposite. The general consensus of opinion is that in the majority of instances puerperal insanity is due to septic infection. I think that opium in any maniacal condition, unless necessary to maintain strength, is bad. Chloral is much better, unless the heart is in bad condition, and in these cases it can be combined with digitalis. Assuming that most cases of puerperal mania are due to sepsis, and that opium is bad in septic condition, I think opium is bad in this disease. Chloral, with digitalis or sulphonal or trional, are better.

Dr. Neale reported the following case of puerperal mania: Mrs. D., white, 38 years, multipara, delicate, nervous temperament, and probably tuberculous. Family history of insanity only on father's side. Patient had recently been under gynecological treatment, and complained of a fistule discharging into vaginal entrance, the orifice of which I could not find at my first and only examination made before confinement. Was summoned to attend her in labor at term during afternoon of May 27th, 1885. Pains, at first scarcely appreciable, gradually increased, and the slow, tedious labor was terminated naturally at 12:20 p. m., May 29th, 1885. Slight perineal laceration sustained. After labor patient continued very restless; complained of pain in chest and abdomen; vomited; and did not sleep until  $\frac{1}{4}$ -grain doses of Morph. Sulph. had been given hypodermically at intervals of one hour. She was delivered at 12:20 p. m., and at 10 p. m. temperature was  $100\frac{1}{2}$ °, pulse 112, respiration 24. After a restless night, I found patient next morning, May 30th, with temperature 102°, pulse 112, respiration 24, and complaining of pain in chest and abdomen, for which local cause could be found.

#### MANIACAL ATTACK.

At 2 p. m. May 30th, nearly thirty-six hours after delivery, patient screamed out with pain in chest and abdomen, and also loudly shrieking: "My back is breaking," became violently maniacal, voiding urine freely in bed. I at once gave her 10 minims of Magendie's solution hypodermically, which was fol-

lowed by sleep. Upon immediate consultation with Prof. Milttenberger, puerperal septicemia complicated by mania was diagnosed, and the patient was given 20 grains of chloral every two hours, according to effect produced. Sleep followed throughout most of the night, but she was maniacal whenever awake. May 31st A. M., temperature  $100\frac{2}{3}^{\circ}$ , pulse 112, respiration 24. Patient conscious and better. Mania recurred during the morning, however; slight tympanites developed; lochia became scanty and tainted; and pulse gradually increased. The uterus was washed out; quinine was given internally, together with liberal stimulation, and morphine according to mania, sleeplessness, etc.; but she sank and died at 6 A. M. June 1st, 1885.

Dr. J. Edwin Michael.—I have seen only one case of puerperal insanity. It was due to sepsis, had symptoms of melancholia, and finally recovered. She was treated with bromidia. I agree that these cases are associated very often with sepsis, but that does not account for all of them; heredity is no doubt a very powerful causative agent. We should remember that women who have a hereditary taint may be attacked during the puerperal period.

Dr. Wilmer Brinton.—I have seen three cases; all went to institutions for the insane; all died. One case had mania in her first confinement and recoverd. With her second child the mania returned and she died. In another case the insanity came on the fourteenth day; she was treated at home for some time, and at last was sent to an asylum, where she died in three or four weeks. While I agree with Dr. Rohé that chloral and bromide are better than opium in most cases, there are exceptional cases where the opium is much better.

Dr. John Neff.—I have had three cases of puerperal mania. The first patient was Irish; the labor normal; the puerperal period was normal up to the fifth day, when her husband came home drunk, and in twenty-four hours she had developed puerperal mania. She was removed to an asylum, and died in five days.

The second case had eclampsia, which came on before and continued twenty-four hours after labor. She developed puerperal mania, from which she recovered at home. She has since been confined, and has had neither eclampsia nor insanity.

The third case was treated at home without success, and was

afterwards sent to a private asylum, where she apparently recovered. During the following five years she was well most of the time, but finally committed suicide.

Dr. Ashby.—I have seen only one case of puerperal insanity, and that not a violent one. There was a bad family history, and she had had slight attacks before she was confined. She recovered, but has not been perfectly sound.

I have had two cases after laparotomy in which I consider sepsis to be the direct cause. In one case, seven days after operation, pus collected in the pelvis, and she became wild and maniacal. Three weeks afterwards the sepsis cleared up, and she recovered. The second case occurred recently. I removed a large pus sac, which ruptured, and I used drainage. At the end of seventy-two hours she developed mental trouble; jumped out of bed; tore open the wound; but finally recovered without a rise of temperature above 100°. When the wound was completely healed the mental trouble disappeared.

Dr. G. Lane Taneyhill, in closing the debate, remarked that he had mentioned septicemia as a cause, but did not dwell on it in speaking of treatment, for none of his seven cases were traceable to septicemia. Four recovered, two died, and one went into profound melancholy. He did not agree with the modern gynecologists that "nearly all the cases of puerperal mania are attributable to septicemia." He could even in these days administer morphia hypodermically in large doses to the raving puerperal maniac in preference to giving sulphonal or paraldehyde. Yes, he proposed and did use mechanical restraint in certain cases of this disease, when the wild woman, after a struggle of four hours of excitement, was not bodily controlled by the nurses, and continued to resist strong anodynes administered in different ways. It must be remembered his paper exclusively contemplated those cases characterized by furious delirium.

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**Physicians on a Strike.**—The daily papers state that the physicians of Mt. Vernon, N. Y., are on a strike. They have announced that they will not examine lunatics, because the Board of Supervisors of Westchester has cut down the charge from \$10 to \$5 for each case. There are two insane prisoners in the Mt. Vernon jail waiting the result of a doctor's verdict.

### Book Reviews.

**Materia Medica, Pharmacy, Pharmacology and Therapeutics.** By W. HALE WHITE, M.D., F.R.C.P. Edited by REYNOLD W. WILCOX, M.D., LL.D. 12mo. pp. 661. Second American Edition, Thoroughly Revised. [Philadelphia: P. Blakiston, Son & Co. 1894. Price, \$3.00.

A good book on *materia medica* and *therapeutics* is always a welcome visitor to a physician's desk, and always finds a prominent place in his library. This is more especially the case if said book is one full of information condensed in such a manner as to give the desired information without entailing the necessity of wading through innumerable pages in order to gain it. The book before us is just of such a character, and its worth is well attested by the fact that it has passed through the test of a first edition successfully. In this second edition we have evidence of the careful revision of the American editor who has made numerous valuable editions to bring it up to date. We are forced, however, to take some exceptions. We cannot understand, for instance, why this work, like so many others, does not mention sulphide of barium, which is one of the most frequently employed depilatories. The dioxide of the same metalloid is mentioned and its employment is certainly more restricted than the other salt. This is the more strange when patented drugs such as antipyrine and aristol are given place.

With this and a few similar exceptions the work is singularly complete and is thoroughly reliable so far as doses and therapeutic properties are concerned. We anticipate that this edition will meet with a large and more rapid sale than its predecessor, especially in view of the elegant manner in which it has been gotten up by the publishers.

**Die Histopathologie der Hautkrankheiten.** Bearbeitet von DR. P. G. UNNA. 8vo. pp. 1,225. Mit 1 Chromolithographirten Quarttafel. [Berlin: August Hirschwald. 1894.

**THE HISTOPATHOLOGY OF SKIN DISEASES.** By DR. P. G. UNNA.

This is the first formal work of the celebrated dermatologist of Hamburg, and it more than sustains the great international reputation which he has so deservedly earned. It embraces his labors in the pathology and microscopy of skin diseases for many years past, and is a monument to his painstaking labors in the researches he has pursued as well as to the accuracy which has always characterized his researches. The book before us is a monumental work, and, without doubt, the best which has ever been issued upon the subject as well as the most comprehensive and exhaustive. Every known skin disease is considered from a his-

tological point of view; even such as have been seen but very seldom.

The method of treatment of his subject adopted by the author is that of taking up general processes, such as an anemia or hyperemia, and giving them full consideration from a pathological point of view as well as histo-pathologically. When special diseases are taken up a short condensation of the principal points connected with the appearance of each disease is first given as a sort of introductory note. Then follow the histo-pathological observations, and then a bibliography of the pathology. In these pathological remarks and observations an idea may be formed of the immense amount of work which Unna has done. They show what an indefatigable worker he is, always guided by the most advanced scientific methods. They also explain his brilliant success as a teacher. He leaves no obscure corners, but illuminates every part of his work in such a manner as to render it perfectly clear and comprehensible to anyone who has ever handled a microscope and stained a section.

We cannot enter into a detailed critique of this really stupendous masterpiece, but it may be safely predicted that it will wield a most potent influence upon the dermatology of the future. It will stimulate to more careful and minute researches by many who have, unfortunately, endeavored to be dogmatic in their dicta. This alone is sufficient to place this work in the foremost scientific rank of the medical works of this century. It also goes to show the progress which has been made since the first work on the subject—the small book of Gustav Simon—appeared in 1848, not fifty years since. We are proud to see the work before us, and still more so that its author is our friend.

One regret which we must express is that only one plate appears. Illustrations in conformity with the text and of an equal degree of excellence would certainly make it still more invaluable, if we may be permitted the expression. However, the pathological illustrations of the work of Leloir and Vidal, which have just been completed, may be employed with profit in conjunction with the text of Unna. Still, the same work by the writer of the book before us would enhance it to a degree such as no factitious aid from any author could equal; and certainly not excel.

We hesitate to recommend the work to dermatologists, as such advice would be superfluous. We cannot conceive of anyone especially interested in skin diseases as being capable of doing without it. To others, such as are interested in pathological work we would say: get the work and study it faithfully, for it will open histo-pathological avenues such as will prove of the utmost value in all your researches. We could continue our praises of the work, but it is so excellent that it does not require them—"Good wine needs no bush." O-D.

**A Treatise on Diphtheria.** By DR. H. BOURGET. Translated by E. P. HURD, M.D. [Detroit: George S. Davis. 1894. Price, 25 cents.

One of the Physicians' Leisure Library which has gained such great popularity that it is in constant demand. It is practical in scope, and useful as well as reliable.

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### Literary Notes.

**Books Received.**—The following books have been received during the past month, and are reviewed in the present number of the JOURNAL:

**A Treatise on Diphtheria,** by Dr. N. Bourget. Translated by E. P. Hurd, M.D. Physicians' Leisure Library. [Detroit: Geo. S. Davis, 1894. Price, 25 cents.

**Materia Medica, Pharmacy, Pharmacology and Therapeutics,** by W. H. Hale White, M.D., F.R.C.P. Edited by Reynold W. Wilcox, M.D., LL.D. 12mo., pp. 661. Second American Edition, thoroughly revised. [Philadelphia: P. Blakiston, Son & Co., 1894. Price, \$3.00.

**Die Histopathologie der Hautkrankheiten,** bearbeitet von Dr. P. G. Unna. 8vo., pp. 1225. Mit 1 Chromolithographirten Quarttafel. [Berlin: August Hirschwald, 1894.

**A New Surgical Work.**—"A System of Surgery," edited by Frederic S. Dennis, M.D., and John S. Billings, M.D., is announced by Lea Bros. & Co. as shortly to appear in three imperial octavo volumes. The list of contributors embraces such names as W. T. Bull, Charles McBurney and Robert F. Weir, of New York; Councilman, Porter, Richardson and Warren, of Harvard; Carmalt, of Yale; Keen, White, Roberts and Wharton, of Philadelphia; Welch, of Baltimore; Park, of Buffalo; Conner, of Cincinnati; Mudd, of St. Louis; and Senn, of Chicago.

**The German-American Medical Journal** is a comparatively new monthly octavo, published in St. Louis at the subscription price of one dollar per annum. Drs. Gustavus Blech and Francis T. B. Fest are the editors, and we can say for them that their editorials are fearless and to the point. Whilst the major part of this journal is in German, some very pungent editorials appear in English, and we might advise the unwary, in the language of the old Pompeian—*cave canem*. The journal should certainly prove a success with such a large list of German-American physicians in practice in this country.

[October,

### Melange.

**Mississippi Valley Medical Association.**—The Twentieth Annual Meeting of this well-known organization will be held, as previously announced, at Hot Springs, Ark., November 20th, 21st, 22d and 23d, 1894.

The general committee of arrangements held their formal meeting on September 1st, in the city of St. Louis, there being present, in addition to the committee, President Scott, of Cleveland; Vice-President Strauss, of St. Louis; and Secretary Woodburn, of Indianapolis. Dr. T. E. Holland, of Hot Springs, presided. All of the preliminary arrangements for the meeting of the association were completed.

Owing to the hearty co-operation of the railroads, the arrangements in this direction will surpass those of any previous meeting. On motion of Dr. I. N. Love, of St. Louis, a committee of five railroad officials was appointed to secure the desired reduction of rates. This committee consists of Messrs. Townsend, Crane, Snyder, Wishart and Ives.

The interest and enthusiasm manifested in all parts of the country concerning the meeting in November is certainly remarkable. The fact that Hot Springs is to be the place of meeting is probably an inducement for many to attend. From the large number of favorable responses to his preliminary announcement the Secretary feels justified, even thus early, in predicting an attendance double that of any previous meeting of the association.

Let every doctor who can possibly leave home for a few days go to Hot Springs in November. Let him take his family and his friends, and not only a profitable meeting, but a royal good time will reward him for the exertion.

FREDERICK C. WOODBURN,  
399 College Ave., Indianapolis.

Secretary.

**Death of Beaven Neave Rake, M.D. Lond., L.R.C.P., M.R.C.S.**—We much regret having to record the death of Dr. Beaven Rake, the well-known leprologist, which took place at Port of Spain, Trinidad, on August 24th. The sad news reached the Colonial Office direct by telegram, the cause of death being attributed to fever, and afterwards among the many friends in this country to whom Dr. Rake was endeared, the announcement of his untimely decease called forth many expressions of regret.

and sympathy. Dr. Rake was born in 1858, at Fordingbridge, Hants, where his father, Mr. Thomas Beaven Rake, whose death was recently recorded, was in practice. He received his medical education at Guy's Hospital, where his career was a distinguished one. In 1876-77 he won the Joseph Hoare First Prize, value £25, for students of the second year. In 1879 he gained the Gurney Hoare Prize, and subsequently obtained First Class Honors in Medicine, Honors in Obstetric and Forensic Medicine at the University of London. Before becoming qualified he gained a prize in the Guy's Pupils' Physical Class for an essay on "The Localization of the Functions of the Brain." In 1880 he became house surgeon at Guy's Hospital, having taken the diplomas M.R.C.S. and L.R.C.P. in the previous year. In 1882 he received his degree of M.D. at the University of London. It was soon after this that he was elected to the post of Superintendent of the Government Leper Asylum in Trinidad. Proceeding to that colony in 1884, in order to take up the duties of his new appointment, it may be said that from that moment his life work began. His reports on the Trinidad Leper Asylum were soon the means of bringing him into favorable notice, and of showing that he was destined to achieve for himself a distinguished name as an authority on that loathsome and little-understood disease. These reports in question were valuable contributions to the literature of the subject, and will ever remain as a testimony of the honest, painstaking, conscientious manner with which Dr. Rake discharged the duties of his responsible post. In consideration of the work which he had done in leprosy the Royal College of Physicians, London, appointed him as their representative on the Leprosy Commission, which, as is known, was formed in connection with the National Leprosy Fund. In the volumes of the *Leprosy Journal*, which were edited for the Committee of the Fund by Dr. P. S. Abraham, the full views on the subject of leprosy held by Dr. Rake are concisely given. Some of these may here be stated. He considered, for example, that the theory of leprous contagion was not proved. Personally, in Trinidad, he had never come across any histories of contagion in examining patients, and what evidence he had obtained had pointed to the reverse. He declined to admit, moreover, that our knowledge on the question of the inoculation of leprosy was such as to prove that inoculation was possible. Again, so far as heredity was concerned, he believed that if leprosy was hered-

itary, it was so only to a very limited degree, as published facts showed; and he further laid down that at present next to nothing was known of the way in which leprosy was propagated, and that our hope of progress lay in a close study of the leprosy bacillus, both within and without the human subject, when introduced into countries hitherto free from the micro-organism altogether, or, at all events, in recent times. In conjunction with Dr. G. A. Buckmaster he conducted an inquiry into the question of the communicability of leprosy by vaccination, the conclusion of which was that the evidence showed that the risk of transmission of leprosy by vaccination was so small that for all practical purposes it could be disregarded.

The death of Dr. Beaven Rake will be keenly felt by all his friends. His personal qualities were such as to gain for him popularity wherever he went. Characteristically quiet and unassuming in demeanor, straightforward and warm-hearted, it was not surprising that he should have gathered about him a large circle of friends. Much sympathy has been expressed for his widow and young family of three sons at the loss which they have sustained.

Such is the eulogistic notice which appeared in a recent number of the *Medical Press and Circular*, of London. Dr. Rake was a frequent contributor of most valuable articles to the pages of the JOURNAL, and had it not been for his untimely death more would soon have appeared. The writer knew him personally as a broad-minded, cultured gentleman of most high attainments. Dermatology has suffered a severe loss, and we desire to extend our most sincere condolences to his bereaved family.

#### Local Medical Matters.

**The Hospital Clinics.**—In our last number we alluded to the changes proposed by the City Board of Health in regard to the clinics at the City Hospital. Since then a decided reversal of the decision has been reached, so that each regular college will have an afternoon at the institution for its clinical lectures, as it has had in the past. Threats are made that this is merely to continue during the coming winter session, and that thereafter the radical change which was proposed will be put in force. It is a matter deserving of serious consideration, which will occupy some of the attention of our colleges. In the meantime, the City Hospital is undergoing cleaning and painting, so as to present a good appearance preparatory to the coming course of lectures.

### Miscellaneous Notes.

**We Congratulate** the Belcher Water Bath Co. upon their having established such an elegant bath house. We predict that not only will the physicians of the city and surrounding country avail themselves of the benefit to be derived by their patients from a course of baths properly administered, but that the people at large will find them more pleasant than the ordinary baths, without any attending increase in expense.

**Cascara Sagrada for the Elimination of Uric Acid.**—It seems to be the accepted opinion that the pathology of uric acid is more a matter of defective elimination than of excessive formation. Osler says "certain symptoms arise in connection with defective food or tissue metabolism, more particularly of the nitrogenous elements; and this faulty metabolism if long continued may lead to gout, with uratic deposits in the joints, acute inflammations, and arterial and renal disease."

Not getting the desired results, I was led to drop all the so-called antilithics, and rely simply and solely upon a single remedy—Cascara Sagrada. Repeated trials have convinced me that the faulty metabolism is more quickly remedied with this drug alone than with any other or combinations.

Mrs. G., aged 55, was for years subject to uric-acid storms, and without getting relief. I exhibited the aromatic fluid extract Cascara made by Parke, Davis & Co., in ten to fifteen drop doses, two or three times daily as demanded, finally settling down to one single dose at the close of the day. The effect was not at once apparent, but within two weeks there was marked amelioration of the aggravated symptoms, and in four weeks the swollen joints had almost resumed a normal appearance, the soreness having nearly disappeared. At this writing (two months having elapsed) there is no complaint whatever, but the remedy is continued. No change was made in the diet, as I desired to more fully test the remedy, and am fully satisfied that the good results were due solely to the Cascara. I have tried other brands of Cascara, but they have not been satisfactory, hence I have come to regard the fluid extract above alluded to the only one upon which I can confidently rely. It never fails, hence my preference.—DOCTOR W. H. WALLING, in the *Medical and Surgical Reporter*, July 14, 1894.

**Enlarged Prostate.**—Dr. Wm. A. Jack, the Acting Medical Examiner in the United States Bureau of Pensions, Washington, D. C., reports the following case:

In a recent case of enlarged prostate and inflammation of the neck of the bladder, which heretofore had not seemed to yield to treatment I put the patient on Tritica, a favorite remedy of Dr. Grailley Hewitt, of London, in bladder troubles, manufactured by the Searle & Hereth Company of Chicago. I find that the results are most satisfactory. After taking one bottle my patient reported himself cured when I immediately made examination per rectum and found that the prostate had assumed its normal proportions and the bladder its normal condition. This remedy is certainly all that is claimed for it.

**Habitual Miscarriage.**—M. D. Makuna, M. R. C. S. Eng., Lic. Med. University, Bombay, 1876, Trebeebut, Rhondda Valley, S. Wales, says: I have much pleasure in expressing my satisfaction with the results I have obtained by the use of Aletris Cordial. One of my patients who had miscarried three times previously, took Aletris Cordial during the last three months of pregnancy, and was delivered of a fine healthy boy. I ordered it at her own solicitation, as she expressed so much ease and comfort after the use of the first bottle. I am now giving it to two more patients, who have miscarried several times before,

and I am in hopes of good results. I consider it a valuable addition to the *Pharmacopœia*, on account of its antispasmodic and nerve-tonic proportions, and I should not like to go without it.

**Thirty Years' Experience.**—For thirty years I have used Syrup of the Hypophosphites and Churchill's Formula since its introduction to the American market through Dr. McArthur. It is certainly one of the best, if not the best, I have known in the practice of medicine.

It is remarkable for its combination of all the ingredients which are so well blended together in it, and gives satisfaction to the patient and success to the practitioner. **HENRY E. DWIGHT, M.D., Philadelphia,**

**The Mellier Drug Company**, of 2112 Lucas Place and 721 Locust Street, St. Louis, appreciating the tendency towards a general decline in values, take the initiative with their Elliott Saddle-Bags, and, as will be seen by their advertisement, make the following very low prices: Small, 24 vials, \$6.00; large, 30 vials, \$7.00; extra large, \$8.00. Upon receipt of price the Elliott Saddle-Bags will be delivered, charges prepaid, to the nearest express office.

**Opiates not to be Preferred.**—Pain, being conservative, is often times unkind and must needs be modified and controlled. Remedies like morphia, which tie up the secretions, are often objectionable. Antikannia has no such unfavorable effects. As a reliever of neuralgia, dependent upon whatever cause, and rheumatism and gout, it is of great value. In the intense pains ever present in the pelvic disturbances of women, cellulitis, pyosalpinx, et. al., it is to be preferred over opiates.

This drug, for convenience and accuracy of dosage, is now prescribed, to a great extent, in the tablet form. Patients should be instructed to crush the tablet before taking, thus assuring celerity. The manufacturers have thrown around their product the security of specially protected packages, for both powder and tablets. And each tablet bears a monogram indicating its composition. Physicians should therefore insist on the presence of these conditions.

**Notice.**—Physicians who employ Iron in their practice should be greatly interested in a new Iron preparation recently introduced to the medical profession by Frederick Stearns & Co., Detroit, Mich., called Haemoferrum (Blood Iron). This is a natural proteid compound aseptically prepared from fresh bullock's blood, and put up in 3 grain Pilloids (flat pills), with a highly soluble coating. F. Stearns & Co. claim their Haemoferrum to be free from all the objectionable features hitherto attending the administration of Iron in other forms, it being extremely soluble, pleasant to the taste, agreeable in odor, is readily and easily assimilated, and neutral in reaction. Furthermore it is non-constipating (a valuable characteristic), non-irritating and non-poisonous, even in large doses.

Wherever introduced it has been warmly received by the medical profession, and has the cordial indorsement of the most prominent physicians in Detroit, in which city it has been thoroughly tested clinically. Dr. Hal C. Wyman, Professor of Surgery in the Michigan College of Medicine, states: "The Pilloids of Haemoferrum (Stearns') have in my hands proven a splendid tonic. In wards of the Detroit Hospital we have learned to depend upon them in the preparatory treatment of patients who must undergo severe surgical operations, and they have proven useful in the establishment of convalescence."

Haemoferrum is especially valuable in treating cases of Anaemia and Chlorosis where the blood is deficient in Iron. Messrs. Stearns & Co. will take pleasure in mailing samples of the preparation, with full descriptive literature, to all physicians who are interested, and on receipt of ten cents will forward a full-sized package containing 100 pilloids, a quantity sufficient for a thorough clinical test. Write them.

# THE ST. LOUIS Medical and Surgical Journal.

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## Original Communications.

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NOTES ON LITHIUM. By ENNO SANDER, PH.D., late Professor of Materia Medica at St. Louis College of Pharmacy; Ex-President of the American Pharmaceutical Association, St. Louis, Mo.

When Augustus Arfvedson, a Swedish student at Upsala, presented to his friend and teacher, the celebrated Berzelius, the new substance that he had separated from the rare granitic mineral *petalite*, found at the mines of Utoë in Sweden, and which he had determined to be an alkali, he requested Berzelius to suggest a suitable name for it. After much thought, they finally decided to call it lithium (Greek, *lithos*, a stone), because it was the first alkali that had been obtained directly from the mineral kingdom.\*

\*Just now, while most physicians are better acquainted with the therapeutic properties of lithium than with its history as an element, I deem it proper to resurrect the true etymology of the word, as I find that many members of the profession connect its derivation with its solvent properties towards the stonelike concretions formed in the kidneys and bladder by uric (formerly called lithic) acid. This remarkable property, which earned for it the significant appellation of "lithontripic," was not discovered until twenty-five years after the separation and naming of the element—a discovery which, while a mere coincidence, would have been hailed with delight, had it occurred in other days, by the adherents of the "doctrine of signatures," who believed that every substance in nature which possesses any medicinal property indicates the same by some well-marked characteristic or appellation. Thus eye-bright (*euphrasia officinalis*) was deemed sovereign in diseases of the eye; *saxifrage* as a lithontripic, etc.—(The author.)

Lithium, symbol *Li*, the elementary substance, appears as a silver white, soft metal, whose specific gravity is only 0.50, or about six-tenths the weight of water; it is consequently the lightest of known metals. Its chemical equivalent is 7, and its atomic volume 11.9. In the spectrum it is recognized by a beautiful bright red line.

While lithium does not occur free in nature, it is found in a certain class of micas, ingredients in the primordial rocks,\* in company with its congeners, potassium and sodium. The composition of these micas is more or less definite, and consists, in the main, of aluminum, the alkalies (lithium, sodium, potassium, and even cæsium and rubidium), small quantities of iron, and manganese combined with silica and fluorine. Where, however, aluminum is replaced by iron or manganese, or both of them, phosphoric usually replaces the silicic acid; as, for instance, in amblygonit, lithiophilite, triphyllite, etc. The lithia micas which are found in the granitic rocks of New England have been fully described by F. W. Clarke, of the United States Geological Survey,† whose report contains also a number of analyses of the most important specimens. They are met with all over the world, although seldom in sufficient quantities to render the extraction of lithium profitable. These granitic rocks become gradually disintegrated under the combined influence of water and the atmosphere, with their accompanying gases, and the ingredients rendered soluble by the influences named are leached out, and the solutions stored up to reappear in mineral springs. These, flowing into brooklets, and thence into rivers, finally reaching the ocean, permeate the alluvial soil, and from this are taken up by growing plants. From the latter they pass into the animal organism, and thus it is that mineral constituents, like lithium, are distributed throughout nature, organic and inorganic. Sometimes they occur in such minute quantities that their presence is discoverable only by means of the spectroscope—that wonderful instrument by which we are enabled to analyze the light of the fixed stars and declare their constituent elements, though the agency through which the message comes to us, light, may have been thousands of years on its way.

Although the minerals in which lithium occurs are found in

\* Dieulafait, Comptes Rendus, March 24, 1879.

† Bulletin 42, U. S. Geological Survey, 1883.

the primordial rocks, or almost every region of the earth, they occur but sparingly, generally in small masses, embedded in the granitic rocks, which carry very small proportions of lithium, from a mere trace to, at the utmost, 10 per cent.

It is not the intention of the writer to enumerate in this paper the various minerals in which lithium has been found, nor to give its percentage in these minerals; however, it may be interesting to the reader to know that a large percentage of them are found in the New England granites; but, as has been stated, in few of them only does the element occur in such quantities as to make them commercially available in the production of lithium salts. The same is true of the most of the European granites. Two of these minerals only appear to be thus available—triphylin and lepidolith. Triphylin is a mineral in which the alkaline and metallic bases are combined with phosphoric acid. It is found in large discrete masses in the granite of Rabenstein, in Bavaria, and is easily decomposed and well adapted to the manufacture of lithium salts.\*

The bases in lepidolith are combined with silicic acid. It occurs principally in the decomposed granitic masses of Bohemia and Moravia. Since its discovery the world has drawn from this source its principal supply of the salts of lithium.

Filsinger† describes the processes used by Schering in the preparation of lithium carbonate, including the treatment of the mineral, which are very similar to the methods of H. Müller (see above) and others. The following is a *résumé* of the processes referred to: Lepidolith, pulverized and levigated, is made into a thin paste with sulphuric acid carrying a portion of nitric acid, and the mixture is kept in a warm place, with frequent agitations, until lumps have been formed. Heat is now applied until the free acid is driven off, and the residue is calcined. The mass, while still hot, is leached with boiling water, which leaves an undissolved residue of almost pure silica. The liquid thus obtained is treated with potassium sulphate, which, combining with the alumina present, forms crystals of potash alum. The liquor drawn from the alum crystals is concentrated by evaporation, during which process alum continues to be formed. Finally, lime is added to precipitate any possible residue of alumina, from

\*H. Müller, *Annales de Chimie et Pharmacie*, vol. cxx, p. 253.

†*Archiv der Pharmacie*, vol. viii, p. 200.

which the liquid is filtered off. Barium chloride is now added to the filtrate, and the sulphates present converted into chlorides. The liquid is drawn or filtered off, evaporated to dryness, and the mass treated with dilute alcohol. From this solution the alcohol is recovered by distillation, and the watery residue treated with ammonium oxalate, which precipitates the lime, iron, etc., still in the solution. The liquid filtered off from the precipitates, and containing all the alkalies in the form of chlorides, is further concentrated and the concentrate treated with ammonium carbonate. This throws down the lithium in the form of the carbonate salt ( $\text{Li}_2\text{CO}_3$ ) which is washed with alcohol of 60 per cent., and thus freed of impurities. By this process lepidolith yields about 8 per cent. of lithium carbonate, equivalent to 1.51 per cent of metallic lithium.

For a score of years after its discovery by Arfvedson, as mentioned in the beginning, lithium received but little attention. Berzelius gave it a bare mention in 1824, and it is merely alluded to by others, who found it in the waters of the various springs in Bohemia and elsewhere. In 1841, Lipowitz published a paper in the *Annales de Chimie et de Pharmacie*, in which he reviewed the combinations of lithium with various acids, and dwelt particularly upon its marked affinity for uric acid, with which it forms an acid salt, "the most soluble of all the urates, being soluble in 60 parts of water at 122 degrees F., and not separating therefrom on cooling."\* Dr. Alexander Ure, in 1843, refers to it as a remarkable solvent of sodium urate, but his use of the substance in practical therapeutics was rendered impossible by its scarcity and high price, and it was not until 1858 that it again attracted any attention in therapeutics. About that year Sir A. B. Garrod writes that he "commenced the administration of lithium salts as an internal remedy, both in cases of uric acid diathesis connected with gravel, and likewise in chronic gout, and was much gratified at the results." But he subsequently adds, "the great bar to the free use of lithium salts in medicine has been their expense."†

The price of the remedy, however, does not seem to have deterred Garrod from its continued use, since we find him, in the treatise referred to, devoting a very considerable space to a

\* Ann. Chim. et Pharm., vol. xxxviii, p. 352.

† Treatise on Gout and Rheumatic Gout, by Sir A. B. Garrod: first edition 1860, third edition 1877, pages 368-369.

review of the important therapeutic results personally obtained by him from the use of the salts of lithium, and their undeniable superiority over any other alkaline salts whatever, for both internal and external exhibition. An indorsement so unqualified, coming from such high authority, as a matter of course, at once attracted the attention of the medical world to the remedy, and gave an immense impetus to experimental investigation with lithium salts in therapeutics. It is seldom, however, that the individuality of an investigator or observer is sufficiently pronounced to carry universal conviction of the truth of his observations or conclusions, especially in researches of this description; and here we find the medical profession at once divided as to the correctness and value of Garrod's conclusions. A controversy was inaugurated, on both sides of which talent and learning were enlisted, and which has brought about a very decided advance in the knowledge of the behavior of the alkalies in general, and especially towards uric acid. We need not dwell on the merits of this discussion, but pass to more modern matters.

The behavior of lithium carbonate toward uric acid, and its influence upon the solubility of the urates in human economy, have in many instances, without doubt, been greatly exaggerated—a fact due mainly to the lively imagination of owners of certain mineral springs, who herald their waters not merely in the daily press, but in medical and trade journals, through advertisements, in which, to quote Dr. A. C. Peale:\*

"The fact that the water contains lithia, if only a trace, is made prominent by the incorporation of 'lithia' into the name or designation of the spring."

Louis Siebold rose against these unwarrantable exaggerations and usurpations in a paper on "Medical and Chemical Misconceptions About Lithia," read before the British Pharmaceutical Conference in 1889, the substance of which is that the lithium compounds "owe their place in the *materia medica* originally to the observation that, as compared with potash or soda, a smaller amount of lithia suffices to form a soluble salt with uric acid, and that this salt is more readily soluble in water than the corresponding potassium and sodium salts. From a chemical point of view, its greater antacid or neutralizing power presents itself as owing to its low atomic weight." "It follows from the atomic

\* Dr. A. C. Peale, Classification of Mineral Waters, May, 1887.

weight of lithium and potassium that 74 parts of lithium carbonate possess the same acid saturating power and are likely to dissolve as much uric acid as 138 parts of potassium carbonate." This saturating power, however, is confined only to the carbonate and indirectly to the citrate (which becomes converted into the carbonate within the organism); but "it is extended to a number of mineral waters containing lithia, generally **mere traces** of it, notwithstanding the fact that what there is of lithium in these waters generally occurs there as chloride or sulphate, salts which neither directly or indirectly act as alkalies and possess no solvent action on uric acid."

While such rational arguments are convincing to all reasoning men who, in fact, never entertained a different opinion to that expressed by Siebold, they are eminently dissatisfactory to those who prate of "God-given," "Heaven-endowed" fountains of health, "medicines wrought in the laboratory of Nature," and who are ready to apotheosize lithium and place it in the firmament alongside of Hygea, or with the benign goddess of Greek mythology who hovered over mineral springs and endowed them with healing virtues. This idea seems still to be a favorite one with some mineral-spring proprietors, whose cards and advertisements display conspicuously the winged female with scanty drapery and small regard for the proprieties.

The occurrence of lithium in natural waters is necessarily limited, not merely on account of the limited amount in which it is found, but more especially on account of its existence *always in combination with the most insoluble constituents of the primordial rocks*. One need not therefore be surprised at finding that the average content of the lithium salts in mineral springs is not more than 4 parts in 100,000 of water, or say 1 grain in  $3\frac{1}{4}$  pints.

"Despite the long list of 'lithia springs,' whose advertisements we find in the medical and secular journals of the day, the actual number of those containing upward of four grains of lithium bicarbonate (equal to about two and five-tenths grains of the dry carbonate) to the gallon, is but fifteen,"\* and this amount has been reduced by more recent analyses in which more accurate methods for the estimation of lithium were followed.

\*Dr. Frank L. James. Lithium in Mineral Waters, ST. LOUIS MED. AND SURG. JOURNAL, vol. lvii. p. 24, July, 1889.

The physiological investigations of the last decade into the nature of uric acid, and the importance of the rôle played by it in the human economy, have maintained, and even intensified, the interest in the therapeutic value of the behavior of the salts of lithium towards this acid, first introduced by Garrod and sustained by his successors. The opposition to the views of Garrod, which sprung up years ago, culminated two years since in an elaborate work by Dr. Alexander Haig ("On Uric Acid," 1892), who undertook to prove experimentally on his own person that lithium administered for the elimination of uric acid from the system, not only failed to accomplish the purpose, but "diminished the excretion of uric acid." In defense of this position, he quotes from Rose to the effect that lithium forms "insoluble compounds with phosphate of soda and triple phosphate of ammonia and soda, salts generally present in animal fluids." The work of Rose has not been accessible to me, and I, therefore, am not in a position to assert whether or not Haig properly quoted or understood him; but I find that Dr. Halberstadt asserts that "sodium phosphate causes, in *not too attenuated* solutions of lithium salts, a crystalline precipitate of normal lithium phosphate;"\* and Sir Dyce Duckworth states that "the normal and bi-urate of lithium easily dissolve in alkaline fluids, also in phosphate of sodium."<sup>†</sup>

This is in accordance with my own experience, but I found also, by actual experiment, that no precipitation took place, even after several days, when such solutions are further diluted to 1 part in 250 or more parts of water before being mixed. When we take into consideration the minute amounts of sodium phosphate and lithium salts that can possibly meet in the blood-serum at any given moment, and that each meeting must occur in rapid motion, we must conclude that other causes have been instrumental in producing the results of Dr. Haig's experiments.

Another protest against the conclusions of Haig was recently published by a well-known French pharmacist, M. P. Ardoue, in *L'Union Pharmaceutique* (quoted in the *National Druggist*, vol. xxi, p. 162), who records a case of gouty rheumatism in which he had examined the urine of the patient before, during and after treatment, and determined a very decidedly favorable action of lithium salt in the excretion of uric acid.

\*Neues Handwoerterbuch der Chemie, vol. iv, p. 137.

<sup>†</sup>Treatise on Gout, 1859, p. 33.

The four experiments of Gorsky ought to be mentioned also, which he carried out in the year 1889, at the laboratory of Loersch, at St. Petersburg, on healthy men, each lasting twenty-four days, and by which he arrived at the conclusion that "carbonate of lithia administered in gradually ascending doses, from 2 to 8 grains a day, with an effervescent water, increased the daily amount of urine, and with it the daily amount of the excretion of uric acid;" and, he continues, "it is very probable that lithia favors the transformation of uric acid into urea, and hence, by freeing the system from the acid, promotes a more energetic cellular action." It would therefore seem that the usefulness of lithium salts as a therapeutic agent had not yet outlived itself; but, on the contrary, that the salts will long continue to be employed as a great alleviator of human suffering.

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THE COD LIVER OIL QUESTION. By EDGAR F. BILLINGS, M.D.,  
Boston, Mass.

Among the many disputed questions of therapeutics, few are attracting more attention to-day than the question of the relative value of the different preparations of cod liver oil which are brought to the attention of the physician.

Unquestionably, cod liver oil enjoys an enviable and unsurpassed reputation in the treatment of wasting diseases, and this reputation is wholly merited. Every physician can recall many instances when its persevering use has done wonders for the patient suffering from anemia or tuberculosis. The question is not as to the value and reliability of cod liver oil, but as to how it may best be exhibited.

In what does the value of the oil consist? Of course, almost its whole bulk is made up of the fatty oils which give its characteristic appearance. Combined with these, there are minute quantities of iodine, bromine and phosphorus, and certain alkaloids and bile salts of a very complex chemical nature. Careful experiment in the French and German laboratories has proved that these alkaloids and salts exert, even when extracted from the oil, a marked effect upon the system, this effect being chiefly diuretic and stimulant. From this it is inferred by some investigators that the beneficial effect of cod liver oil comes entirely

from these extractive principles, and, as a result of this theory, some of the prominent pharmaceutical manufacturers have put into the hands of the physicians so-called "cod liver oil" preparations, which contain no cod liver oil whatever, but instead, a minute quantity of these extractive principles. Now, do these preparations contain "all the active medicinal constituents of cod liver oil," as their proprietors claim; and is it advisable for the physician to give up cod liver oil and to prescribe these extractive preparations?

As every physician knows from experience, the most apparent results of the exhibition of the oil are enrichment of the blood and a very rapid increase of fat. But, as has been stated above, the effect of these extractive principles of the oil is almost entirely diuretic and stimulant. Will this alone account for the effect produced upon the system? It seems to the writer that it will not.

We have in the oil a combination consisting chiefly of the palmates, stearates and oleates of glycerine—the oleate making up the bulk of the oil. Is not the assimilation of these fats an essential part of the process of "system building" which results from its administration?

Some forms of neuralgia, which resist the ordinary remedies for that disease, will succumb to the plentiful assimilation of fats, and in such cases cod liver oil gives better results than any other oil. This fact certainly points to the conclusion that the fat plays an important part in the effect of the oil upon the system. Some authorities, as Dr. Brunton, of the Royal College, look upon the oil as a food rather than as a medicine. Dr. Brunton says: "Its therapeutical use depends on two properties—its ready absorption and its ready assimilation."

Many very interesting physiological experiments have been carried out by eminent investigators in order to throw some light on this question, and these seem to point definitely to the conclusion that a considerable part of the effect of the oil is due to the fatty principles which it contains. The experiment of taking two loops of the intestine, filling one with ordinary oil and the other with cod liver oil, and then replacing them, proves that cod liver oil is absorbed much more readily than ordinary oil. Further, experiment has shown that the oil is found in minute globules outside of the intestine after its administration, and that a larger

proportion is thus absorbed when given as an emulsion than when given plain. This, also, seems to point with no uncertain finger to the importance of the fats. Consequently, in considering the therapeutics of cod liver oil, we must look upon the oil itself as an essential factor, and the iodine, phosphorus and alkaloidal principles as only in part accounting for its beneficial effect.

This conclusion makes it impossible for us to admit the claim that the so-called "cod liver oil" preparations which contain no oil whatever, but only its ptomaines and other extractive materials, have the same therapeutic value as the genuine oil. And yet, the combination of the oil with iron, and with the hypophosphites, is a very valuable one. How, then, shall we get a satisfactory preparation? The emulsion is too unpalatable for many patients; the "extracts" will not have the full therapeutic effect. What we must look for primarily, then, is a preparation containing a considerable percentage of pure cod liver oil. This need not be very large, as only a small amount of the oil is assimilated at a time. This oil must be made palatable by the use of aromatics, and the best results will be secured by adding from fifteen to thirty per cent of fluid extract of wild cherry, extract of malt and syrup of hypophosphites, to bring about more effectually the general toning up of the system.

It seems probable that some way may be found for "cutting" the oil so as to get a solution instead of an emulsion, and combining that solution with the other remedies just mentioned. Such a preparation as this, it seems to the writer, would give us an ideal "tasteless cod liver oil" and satisfactorily settle, for all practical purposes, the cod liver oil question.

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**The Treatment of Appendicitis.**—At the last meeting of the board of managers of the University Hospital, the director was authorized to set aside certain beds to be used by Professors William Pepper and J. William White for cases of appendicitis, those gentlemen being engaged in a special investigation of the symptoms, treatment and pathology of that disease (*Medical News*). Each case admitted to these beds will thus be studied from the outset with reference to both its medical and surgical features. It is hoped that the results may aid in clearing up the prevalent differences of opinion as to this malady.

RELATIVE MERITS OF CATGUT AND SILK IN SURGERY. By T. C.  
WITHERSPOON, M.D.\*

In rummaging through text books and monographs, I have been oftentimes struck with the careless and indifferent manner in which this subject is handled. A few merits and demerits of each are given and a waste of energy expended on the various modes of their preparation as advocated by the **different operators**.

Catgut and silk, both of them, are to be found in the market in various sizes. Silk has the advantage in this respect, inasmuch as it is to be had much smaller and more delicate than the gut. In comparing their relative strength, we note that the silk is by not a little the stronger, when it is of good quality.

Twisted or braided silk is the better and stronger article. Spun silk is usually made from the outer fibres of the cocoon, or from wild silk or the remains of the cocoon after the better article has been removed. It comes in special forms nowadays to conform to the requirements of the surgeon. Catgut, as obtained before surgical operation, is a stiff, elastic and fat-holding material. Its preparation consists in the removal of the fat and in the thorough sterilization of its meshes, or rather an attempt at thorough sterilization. Now, from its very source, it comes into the world of its usefulness septic. It is born, so to speak, with an hereditary taint. We find it described as the sub-mucosa of the sheep's intestine, although in reality it is the whole gut minus the outer layer. The gut of the animal is put into water for a while and then its outer coat removed with a dull knife or something of the kind. Following this it is placed in an alkali solution for some hours, when it is removed, stretched into the required thicknesses and dried. In this form we obtain it and put it through further preparation to fit it, it may be, for surgical purposes. In this commercial form it will scarcely be questioned whether it is a septic material or not. Now, if one will undertake to carefully observe the different modes of sterilization of this product, and watch from time to time the changes made by operators, one will detect a feeling of unrest and a lack of assurance as to whether the precautions used were sufficient. This, of course, presupposes failures which could only be accounted for

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\*Read before the St. Louis Medical Society, Saturday evening, October 15th, 1894.

by suspecting the catgut. I believe that neither juniper oil nor alcohol will penetrate sufficiently the basis substance of the gut to insure complete sterilization in all cases. But, if so or not, that is not the pivoted point about which turns the utility of the material. This I shall speak of in a few minutes when questioning its action on the tissues. Accept the theory, however, that we have a sterile article after tedious preparation, we find ourselves constantly on the alert to prevent reinfection while it is being kept and used at various intervals going to our out-door patients. It requires of us, who use catgut, that we take it thoroughly prepared with us. If we are caught without it, there is no time for proper preparation and, as a rule, no means even for a partial sterilization. Those who trust to the little oil tanks flavored with phenol, obtainable from all surgical supply companies, will, no doubt, wish they had not before much surgery is accomplished by its use. As prepared surgically, it is a stiff, inconvenient thing to use and hazardous to pull through the thin edge of a nice plastic operation. To soften to a proper extent for use, it has to be put into water and kept there from fifteen minutes to an hour. All needles to be used have to be threaded before its immersion or in appropriately large ones used afterwards. This all necessitates some delay and more handling, with a chance of infection meanwhile. As a suture it is too stiff and elastic, producing faulty and disproportionate pressure, and when softened it is too bulky in proportion to its strength. As softening takes place rapidly and digestion too in the tissues, we find that the sutures give considerably, being stretched after becoming soggy. This, of course, may even allow movement between the opposite surfaces and occasionally gaping of the wound. The knot made is insecure and presses unduly on the tissues below, nearly always producing an ugly necrosis and slough. This one fact has made its use in plastic work very undesirable for cosmetic purposes. The part which I consider the most important is this, however, that the gut—a proteid substance, softened by the tissues and kept warm and moist—offers a most elegant nidus for the culture of bacterial organisms. Here they grow unattacked by phagocytes, which cannot penetrate the gut sufficiently well, and here also we have no opposing anti-toxine applied to check their vigorous growth. Large gut thereby offers a stronghold in which multiply these organisms unchecked. Even if these or-

ganisms are not in the gut when introduced, they are undoubtedly present in the skin and mucous tracts, and complete sterilization of the whole field of operation is therefore impossible.

The main feature in the list of advantages of catgut, if it has a list, is its property of being readily absorbed. In placing sutures or ligatures there are two conditions to be considered, namely, whether the suture is to be buried or not. It is scarcely conceivable that absorbability should be considered as a desideratum in the use of exposed sutures. Nothing is easier than to remove them, and nothing more desirable than to keep them in place until we see fit to take them away. In buried sutures it is possible, I believe, to find a tedious and unnecessary task in their application. Deep sutures from the surface answer every purpose except in the cavities, where silk, almost without a dissenting voice, is the article preferred. The presence of catgut in the plastic operation in buried rows between the uniting surfaces, I believe, will cause retarded union. As a ligature it is eminently a failure. No vessel of size should be tied with it, as the softening and relaxation while left in the tissues is apt to allow recurrent hemorrhage. Those vessels which could be ligated with it are better controlled by force pressure.

Silk, on the other hand, has many advantages. It is soft, pliable and non-irritating to tissues. In its preparation we have but to ask for a vessel, some water and the stove five minutes prior to its use. It can be carried as we please and prepared by sterilization in less time than it takes catgut to soften properly for use. Handling is reduced to a short period and danger from reinfection thereby avoided. As a suture it has no superior, being strong in texture, small in bulk and making even pressure throughout upon the included tissue. The knot is small, inoffensive and tight, being solidly coapted. In the tissues it does not soften or relax its hold during repair. It is a proteid substance containing  $C_{15} H_{15} N_6 O_6$ , but very insoluble. In the tissues it becomes encysted and remains for months as an innocuous body. Eventually, however, it is removed, in some cases faster than in others. In itself it is not a medium for the growth of bacteria and merely contains them in its meshes when infected, thereby offering a less favorable locality for their growth. This property can be remedied, however, by boiling the silk in wax, when the meshes become closed and non-absorptive. Silk worm

gut is in reality silk, being the artificial product formed by moulding the secretion taken from the true silk glands of the silk worm, before he begins to form the cocoon around him. In all plastic operations silk is eminently the thing. If it comes in contact with irritant or septic secretions, its absorbing properties can be remedied with the wax. In ligaturing it has no equal, and as a buried suture or ligature we know full well that it does no harm, but remains inert until absorbed.

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#### THE ROUX METHOD OF TREATING DIPHTHERIA.\*

The International Congress of Hygiene has just assembled at Buda Pesth. As was expected, its principal sections, first of all, took up the subject of diphtheria and of the new treatment of this dread disease. In Austro-Hungary alone 20,000 children die annually of contagious croup, and Paris itself pays a yearly death tribute of 1,200 to 1,500 unfortunate little beings, whom science has so far been powerless to shield.

A great many practitioners, as well as the public at large, are wont to accuse bacteriology, the science of microbes, of being of no practical value to humanity, and of not going any further than to scientifically explain to men *why* they die, without offering them any weapons to fight grim death with. But this time, bacteriology has demonstrated its practical usefulness at the same time as its theoretical worth. Thanks to admirable works and studies laid before the Congress, diphtheria will henceforth become a comparatively harmless disease. Whenever the physician will be able to take hold of it in time and to apply to it the scientific directions, the mortality will be reduced to scarcely 2 per cent in cases of plain diphtheria, whereas now-a-days it rises to over 50 per cent.

Three successive steps had to be taken in order to attain such magnificent results, and all the scientific men through whose efforts they were obtained have personally attended the Congress. The microbe of diphtheria was discovered by Prof. Loeffler, of Greisswald. Dr. Roux brought to a successful result Prof. Loeffler's discovery, by demonstrating that said microbe was

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\*Translated from the French, especially for THE MEDICAL AND SURGICAL JOURNAL, by Paul E. Fiquet, Ph.G., St. Louis.

producing all the effects of diphtheria, and notably the effects of paralysis. Then he made the most important discovery of the *toxine* produced by the microbe. A new step of paramount importance was again made by Prof. Behring, of Berlin, in the discovery of *anti-toxine*, by which was given the power of fighting the disease.

The *modus operandi* is as follows: After injecting Dr. Roux's diphtheritic poison into different animals, it was found that their blood-serum acquires the property of preventing the eclosion of the disease and even of curing same whenever it has already made its appearance. It is sufficient to inject a certain quantity of said serum prepared according to Prof. Behring's method into subjects attacked by the dread disease.

Since this discovery was made, pains were taken in France and Germany to bring about its being put in practical use, and all those who had busied themselves with this important question quite naturally had to come together at the Congress in Buda Pesth, so as to compare notes and ascertain the results arrived at. It can be here said truly, that on this occasion French science did not cut a bad figure at all, and that Pasteur's teachings can once more register a new and grand conquest of scientific and positive value.

In his speech before the Congress, Dr. Roux showed entirely decisive results. By series of arguments substantiated by facts, he demonstrated that the serum is a perfectly efficacious remedy against diphtheria. Under its treatment of 300 diphtheritic children, the death rate was reduced to 26 per cent instead of the usual 50 per cent. There arises the question, why is the mortality still of one-fourth, if the remedy is really a specific one, as claimed? But it should be borne in mind that a great number of children are brought to the hospital when already at death's door, so to speak, and having scarcely the time to benefit of the full effects of the treatment. Besides, many children are suffering at one and the same time with a complication of diseases produced not alone by the diphtheria bacillus, but also by other microbes as well on which the serum is powerless. By deducting all these cases from the total, and taking into account only cases of plain diphtheria, and only such ones as taken in proper time, the mortality is found to be reduced to only 2 per cent., a true characteristic of quite a mild disease.

The treatment consists in giving the children thus attacked an injection of a given quantity of serum of a horse previously vaccinated against the disease, a single injection almost always proving sufficient; Dr. Roux never gave more than two. To all such children he usually administers 20 c.c. of serum in one subcutaneous injection into the hypochondriac region. At once there occurs a fall of temperature—an excellent prognosis; within twenty-four hours the growth of the choking false membranes is arrested; they are detached in thirty-six hours, and the diphtheria bacillus disappears from the throat.

It was February 1st, 1894, since Dr. Roux began applying his method at the Children's Hospital. According to his report, he would make his daily visit to that special hospital's pavillion, supplied with a large quantity of prepared serum, and give his treatment to all the children there confined, no distinction being made as to their condition (an important point in itself being that no selection is made among the patients), the usual mode of local treatment remaining the same. He consequently kept up such prescriptions as were previously used by the other physicians, such as glycerine, salicylic acid, borated lotions, etc. The serum being the only new element brought into use, to it alone should the supervening changes be ascribed, such changes being sufficient proof in themselves. During the years 1890-91-92 and '93, that is before Dr. Roux's experiments, 3,971 diphtheric children were admitted to the Children's Hospital, of whom 2,029 died, thus forming a death average of 52 per cent. On the other hand, a statistic computed from February 1st to July 24th, 1894, and submitted to the Congress, goes to establish that during that period, the serum being used on all of the 448 patients, the number of deaths was only 109, thus showing an average of 24 per cent. The conditions having remained the same, the difference between 52 per cent. and 24 per cent. demonstrates in an incontestable manner the absolute benefit derived from the new treatment.

During the above period of time, there were admitted at another Paris hospital, the Hôpital Troussseau, 520 children ill with contagious croup, and 316 of them (or 60 per cent.) died. Dr. Roux's treatment reduced this terrible death rate of 60 per cent. to 24 per cent. And this is not all: If the child is affected with diphtheria only, the serum masters the disease and insures to the

child immunity against further attacks; and all accidents secondary and consecutive to diphtheria (often proving so serious), such as measles and scarlatina, are rendered infinitely less frequent.

Dr. Roux's demonstration was received with enthusiastic applause, irrespective of nationalities or specialties. All the practitioners, who constituted a good majority of the large audience, acknowledged that they fully understood the importance of this new victory over merciless death. Mr. Flicronymi, Secretary of the Interior, occupying the chair, warmly congratulated our fellow-countryman, who met with a most decided triumph.

Dr. Garchan, one of the physicians to the "Sick Children's Hospital," being interviewed, confirmed all the foregoing particulars about Dr. Roux's discovery, and concluded in saying: "You can see that Dr. Roux's achievement deserves to be considered as one of the greatest triumphs of humanity. You may add that he is not only an eminently scientific man, but is also full of charity and sense of duty. You ought to see him at the Children's Hospital, how painstaking, when for hours bent over the poor moribund beings, trying to save them from imminent death, sparing nothing to alleviate their sufferings, every hour risking his own life. One evening I was called to see a poor family in the suburb of Montrouge, at the other end of Paris. There I found five children, the oldest barely 14, all taken with contagious croup. I soon became convinced that their cases were desperate ones, and I so remarked to my fellow-physician, who accompanied me. There is but one man, I said, who can save them: it is Dr. Roux, of the Pasteur Institute; but unfortunately he never makes calls in the city, and the supply he has on hand of the prepared serum is hardly sufficient for the Children's Hospital service. But try your luck, go and see him, and beg of him to come. My advice was followed, and Dr. Roux came out at once. He established himself at the bedside of the little sufferers and succeeded in saving four out of five. When the parents, wishing to express their gratitude, offered him an humble remuneration for so great a service, he simply refused to accept anything. 'If you have something to give away,' said he to them, 'go and bring it to the Pasteur Institute. In this way you may be instrumental in saving other lives.' Such is this great scientist—good-hearted and disinterested."

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## Editorial.

J. MARION SIMS.

The erection of a most artistic statue in New York in honor of the late Dr. J. Marion Sims is an exceptional recognition of the merits of a medical man. Such tokens of public appreciation are indeed rare and far between. We remember but one other, the one dedicated to Dr. v. Graefe at the entrance of the Charité Hospital of Berlin. The erection of buildings in remembrance of B. v. Langenbeck of the same city, and of Valentine Mott at New York, by the profession, were likewise designed to fill the long want of a domestic scientific centre.

Unquestionably, the many and valuable contributions of Dr. Sims to the advancement of surgery have laid indelible claims to merits which will place his distinguished name on the tablets of medical history. Others have established the same, yet have passed away without similar demonstration on the part of the

public and of their professional brethren. Hence Dr. Sims must have had other qualities of a high order to attract the admiration and attachment of people with whom he came in contact during his useful life.

The writer of these lines arrived at the city of New York at about the same (1853) time with Dr. Sims, and very early had the pleasure of a personal acquaintance with him. Being intrusted with the treatment of an older son of Dr. Sims, he enjoyed the privilege of frequently meeting him and partaking in the benefits of his social refinement and intellectual association. The child-like simplicity and trustfulness of Dr. Sims, coupled with a rare degree of modesty and contentment, placed him very high in his estimation. The more he saw of Dr. Sims and his art, the more he loved and revered him. Without any religious pretense, Dr. Sims acted in every particular as a Christian gentleman. He never allowed himself to be carried away by passion however formidable the offered provocation might have been. Wherever he learned that his ability was doubted or the motives of his efforts were pronounced suspected as sheer selfishness, Dr. Sims would remark, that the parties down upon him did not know him, and that one of these days they would know him better and judge him more kindly.

Thus it seems to the writer that Dr. Sims owes his distinction and reverence among a large class of the best people, both at home and abroad, as much to his highly estimable character as to his scientific accomplishments. Certain it is, that his lay-friends and admirers have more freely contributed to the expense of his costly statue than the profession which he had benefitted by his labors for surgical advancement.

Many times and oft has the writer looked at Dr. Sims' picture and derived the benefit from his inimitable precept and example.

L. BAUER.

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**Working Up a Practice** —The following advertisement appeared recently in an English lay journal: "Skin Disease.—A Specialist, who cures every description of Skin Disease, will give a liberal commission to ladies and gentlemen who will introduce patients. Every information given by addressing Specialist."

## Dermatology and Genito-Urinary Diseases.

**Local Treatment of Lupus Vulgaris.**—Dr. William S. Gottheil, in an interesting article on lupus (*Int. Med. Mag.*) gives the following as the most satisfactory methods of local treatment in his hands: The *curette*. 1. Induce local anesthesia by the application to the part of a 10 per cent. solution of cocaine, or the subcutaneous injection of a few drops of a 1 per cent. solution of the same drug, or by the ether spray, or by the use of ethylene chloride. It is usually not necessary to do this in the case of males. 2. With the sharp curette quickly and thoroughly dig out a number of the soft nodules. The process is much less painful than would be thought. The soft tissue is easily removed and there is no danger of injuring the healthy tissue. 3. In ordinary cases apply a 10 per cent. solution of corrosive sublimate in alcohol. In the hypertrophic and ulcerated forms of lupus, put on a piece of salicylic-creasote plaster mull.

The *galvano cautery* has given the author good results, especially when the nodules are small. A fine point must be used, and care must be taken that the entire nodule, and not merely its centre, is destroyed. The local reaction is of course severer than with the curette; and only a few nodules, and those not too close together, are to be destroyed at one sitting. A finely-pointed glass rod dipped in pure carbolic acid, introduced through the soft skin into the centre of each nodule, and thoroughly moved around to break up, cauterize and destroy the nodule, is useful. A pointed stick of nitrate of silver may be employed in the same way.

Total excision and violent and extensive cauterization are necessary only in very exceptional cases. We must always be careful not to produce a deformity that would be worse than that which nature unaided would cause.

**Localized Scleroderma in an Unusual Situation.**—J. W. Allan Jamieson reports the following case in the *British Journal of Dermatology*: The patient was an unmarried woman of 54 who was healthy and strongly built. Four years previously she had considerable itchiness, accompanied with burning heat at the anus and in the vulva. This had grown much worse during the

past month. It came on in paroxysms. On examination there was found extending round the anus and on to the perineum a patch of scleroderma, which narrowed the opening and had led to the production of a linear fissure stretching from the anal verge for more than an inch. The anal opening itself seemed unusually small, but no digital examination was made. On the mucous membrane forming the sheath of the clitoris there was a white transverse patch of scleroderma, nearly the size of a three-penny piece. At each side of the root of the neck, just above the clavicle, there were two symmetrical patches like ivory imbedded in the skin, two or three inches across; also two large patches at the lower part of the ribs on each side in front; and one on the right leg, running vertically down from the patella half-way to the ankle. These had appeared quite recently. No cause could be assigned; she was not rheumatic, and the menopause had occurred four years previously quite naturally.

**Thyroid Feeding in Diseases of the Skin.**—Dr. George Thomas Jackson gives his experience in the *Journal of Cutaneous and Genito-Urinary Diseases*. In his summary he counts thirty-eight cases, of which eleven were cured, fourteen improved, and thirteen no change. He adds that when we remember how easy it is to see an improvement when we are looking for it, it is probable that we should discount the number reported "improved." He concludes his article in the following terms: From the few cases thus far published it would be foolish to draw conclusions. Personally he is not inclined to experiment further with this line of treatment. To cure ten cases of psoriasis out of twenty-six is no great thing to boast over, especially in hospital practice, as were most of the cases cured, when you take into consideration that the drug, in whatever way you exhibit it, is liable to produce sudden distressing and grave symptoms. That at once bars it from use in out-patient, ambulant practice. We surely have many other safer methods of treatment in hospitals that yield more brilliant results than this method, so efficacious in myxedema and cretinism. In these diseases it is worth while to run a risk as to life, in the hope of removing symptoms that make life hardly worth living. In dermatoses, on the contrary, life is, generally speaking, little endangered, and we are not justified in resorting to too heroic measures.

**Case of Arsenical Poisoning.**—Dr. John A. Fordyce presented to the New York Dermatological Society the following case (*Jour. Cut. and Genito-Ur. Dis.*): The patient was a longshoreman who assisted in unloading a cargo of arsenic. On his return home in the evening his face became swollen, and the next day he was attacked with vomiting and diarrhea, which lasted for thirty-six hours. There was also edema of the penis and scrotum. At the time of presentation the patient had a small pustular eruption on the face, body, thighs and scrotum. A number of his fellow-workmen suffered in a similar manner. These cases are always of the highest degree of interest on account of the serious results which may frequently manifest themselves, such as ulceration and gangrene of the tissues, or perforation of the nasal septum, which is very apt to be mistaken for a syphilitic process.

O-D.

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**International Congress of Dermatology.**—The Third International Congress of Dermatology will be held in London, July 31 to Aug. 4, 1895. Mr. Jonathan Hutchinson is the president, with a long list of British and foreign vice-presidents. Mr. Malcolm Morris is the treasurer, the secretary-general being Dr. J. J. Pringle, 23 Lower Seymour Street, London, W. Dr. Geo. T. Jackson, of New York, is the foreign secretary for the United States. From advices received this promises to be the best meeting of the Congress held so far, and the attendance will be a large one. Of course, the proceedings will be most interesting and valuable.

**An Antiseptic Suggestion.**—A contributor to the *Medical News*, Dr. Francis L. Haynes, notes that in examining the neat and doubtless thoroughly sterilized packages of surgical dressings now kept in drug stores, the physician is frequently startled to see the druggist open the packages and handle their contents with soiled fingers, thus rendering the material unfit for surgical purposes. He offers the suggestion that manufacturers carefully seal all packages of surgical dressings (and, we would add, permit the sale only of unbroken packages), and that physicians refuse to accept any materials the purity of which is not thus guaranteed.

### Excerpts from Russian, Polish and Bulgarian Literature.

**Menstrual Disorders Due to Bothriocephalus Latus.**—Dr. Em. Kahn, of Vilna (*Vratch* No. 35, 1894, p. 966), says that when residing at Narva, St. Petersburg Government, he came across many cases of catamenial irregularities caused by bothriocephalus latus (which parasite is widely prevailing amongst the population of the Baltic provinces). The following highly instructive case is narrated in detail as a typical illustration bearing on the subject. A previously healthy and regularly menstruating virgin, aged 19, began to suffer from profuse uterine hemorrhage, recurring every two or three weeks, and lasting on each occasion for about eight days. The menorrhagia was always accompanied by severe pain and sometimes by febrile movements. Simultaneously there developed facial pallor, a faint anemic cardiac murmur, and constipation. On examination *per rectum*, the womb was found to be tender, slightly enlarged and rather soft. A course of iron treatment utterly failed to afford any benefit. After a dose of castor oil, given on account of constipation, the patient voided a portion of bothriocephalus latus measuring 1.5 metre in length, while the administration of 4 grammes of ethereal extract of male fern dislodged the remaining portion of the parasite, 6.5 metres long, with head and all. A complete recovery rapidly followed, the patient enjoying best health ever since.

According to Dr. Kahn's observations, all hostesses of the bothriocephalus always suffer from menstrual disorders, in view of which fact he emphasizes the proposition that "given a locality infested with bothriocephalus latus, in every individual case of catamenial disturbances the patient's stools should be carefully examined for the parasite and its ova."

Of other symptoms observed by the author in cases of the bothriocephalus (both in women and men), he mentions a "gnawing (*gryzüshchüii*)" pain about the naval, sensations of fullness or pressure in the middle abdominal region, dilatation of the pupils, and, occasionally—in nervous and anemic subjects—convulsions. A girl, aged 28, suffered from maniacal attacks with consecutive hysterical cramps and crying, all of which phenomena disappeared after the expulsion of the intestinal worm.

**Syphilis in Bulgaria.**—In the Bulgarian *Meditzina*, 1894, No. 5 L, p. 45, and No. 3, p. 3, Dr. Orokrovatz, *Okrüjen Lekar* (District Physician) of the Lovtchansky Okrûg (Lovetch District), contributes a very interesting paper on the sanitary condition of his region (with 120,000 inhabitants), from which we learn, amongst other things, that, with regard to 90 per cent. of the population, the said condition is characterized by "chronic starvation, chronic suffocation, and universal dirt." Amongst endemic diseases syphilis occupies a prominent place, only a small minority of all villages remaining free from the "*frenga*" or "*novata bolezn* (new disease)," as the affection is called by the people. According to the writer's valuation, the total number of the syphilitic in his district amounts at the very least to 2,400, which constitutes 2 per cent. of the whole population. There exist certain good grounds to believe that the infection has been originally imported—and still continues to be imported—into Bulgaria by those native laborers who every summer wander by thousands to Austria, Hungary, Roumania and other countries and return home about the winter time. As in Russia, primary and secondary manifestations come under medical observation and care a good deal less frequently than tertiary ones (the Bulgarian proportion oscillating about 1 to 20). And again, as in Russia, the life conditions and habits of the rustic people afford the most favorable factors for spreading the syphilitic infection in all possible "innocent" or non-sexual ways.

The following tertiary manifestations are met with most frequently: 1. Cutaneous tubercular syphilides which most commonly attack the thigh, the peritrochanteric region being their most favorite site. 2. Gummatous growths with consecutive degeneration processes, which occur mainly about the throat. 3. Bone lesions (ostitis, periostitis, necrosis, etc.). Nasal deformities are very common. 4. Peculiar lingual lesions, consisting in very numerous fissures and scars which traverse the organ in all directions, but mostly run longitudinally. Occasionally the scars are seen to penetrate fairly deep into the parenchyma of the tongue. The fissures are deemed to result from chronic interstitial inflammation ending in cicatrisation of the intermuscular connective tissue.

Hutchinsonian signs of hereditary syphilis ("Hutchinson's incisors," interstitial keratitis, etc.) are met with rather rarely,

while syphilis of the nerve system represents an exceptional occurrence. For those who strongly believe that tabes dorsalis is caused by syphilis in from 50 to 100 per cent of cases, it will be certainly very interesting to learn from Dr. Orokhowatz that he did not come across a single instance of tabes amongst about 1,000 syphilitic persons observed by him personally. Perhaps it would not be out of place to mention, that the population of his district is characterized by a robust constitution, abstinence from alcoholic excesses, and "fairly rigid morals (*dosta strogi pravy*)."

**Hair-Pin in Female Bladder.**—In the Polish *Gazeta Lekarska*, No. 36, 1894, p. 966, Dr. Bohdan Korybut-Daszkiewicz, of Siedlce, records an instructive case of the sort, in which he was able to extract the foreign body without employing any instrument. A married peasant woman, aged 40, came to him with a naively concocted story, according to which, about twenty hours previously, she had "happened to sit down on a straw bed strewn with hair-pins by her playing children," the result being that one of the playthings "got into the middle there below (*srodek na dolu*)."<sup>1</sup> The patient, whose attempts at the extraction had remained futile, was complaining of a sharp pricking pain about the hypogastrium and frequent and intense "calls" for passing water. On vaginal examination, the author could discover (through the anterior fornix) a branch of the pin lying transversally in the vesical cavity. Having brought the woman under the influence of chloroform, he dilated the urethra by means of Fritzsche's uterine dilators and introduced his right little finger into the bladder, which, proved to be pretty strongly contracted. The pin was found to be immovably fixed in the said direction, one of its ends being free, though rather firmly pressing against the mucous membrane. The other end was buried in the vesical wall. With some difficulty the writer managed to get the free end under his nail and then by gentle pressure, push out the other one from the mucous membrane, after which, combining his intravesical manipulations with those of his left hand acting externally through the abdominal wall, he succeeded to catch the other end under his finger's tip. The foreign body (9.2 centimetres long) could be then extracted without any further difficulty or any risk of wounding the parts. The after-treatment consisted in vesical irrigation with tepid solutions of boracic

acid (9 per cent.) and corrosive sublimate (1 to 6,000). Incontinence of urine disappeared in twelve hours after the operation. On the third day the woman left quite well.

Berne, Switzerland.

VALERIUS IDELSON.

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**The Over-Zealous Therapeutician.**—In his address before the International Medical Congress, Professor Stokvis, speaking of the vagaries of modern pharmacy and chemico-therapeutics, said (*Ex.*):

"The reason of the present situation—or imbroglio—is obvious. By the side of the chemist stands the busy practitioner or the overwrought professor. Both are oppressed by the sense of insufficiency of their art; neither has the time to observe, reason and conclude. It is the professor who publishes with railroad haste his observations and impressions, for he is ever haunted by the fear lest another should precede him in the new discovery. He it is who makes others follow, sheep-like, in the wake. He constitutes himself a bustling *impresario*, always on the lookout for a new sensation, agitating himself and the public, and, finding that he has before him a fickle, unquiet, impatient audience, he hastens to deal with new subjects, if not every day, at least every week. During the year 1893 sixty-eight new chemical products have been recommended to me, this figure not being inclusive of entirely new drugs or their active principles. In each case we are told that the new product is of the very first importance, of exceptional therapeutic value, and perfectly harmless. *Fistula dulce canit volucres dum decipit auceps.* The wise man will not be taken in. He will be guided by therapeutic teaching, such as that of the immortal Baglivi, the author of the pregnant phrase, 'Ars tota in observationne,' or by the teaching of my honored friend, Professor Semmola, delivered with all his *maestria Italiani* from his chair in the University of Naples—a university which has lately set a glorious example to Europe by proclaiming that a drug that is efficacious cannot be harmless. Nearly all new remedies have their period of success, be it but for an hour, and this is due to 'suggestions,' either by medical men or patients; but, with few exceptions, these panaceas are doomed to be laid aside as forgotten and antique curiosities."

## Medical Progress.

### Therapeutics.

**Salophen as an Anti-Rheumatic.**—Dr. P. J. Rosenheim (*Times and Register*), who has employed salophen in rheumatic affections for the past year and one-half, writes as follows in regard to his experience: “The first case in which I employed this remedy was one of muscular rheumatism, affecting the muscles of the right arm and shoulder, and so painful that the patient was incapacitated from work and could dress himself only with great difficulty. Salophen was administered in ten-grain doses every three hours, together with friction with turpentine liniment. The pain began to disappear within a few hours after its administration, and on the following day, aside from slight stiffness of the muscles, the patient was completely relieved. This favorable experience has been repeated in a number of other cases of muscular rheumatism, and it would seem that in this affection salophen is a most valuable acquisition to our list of remedies. In acute articular rheumatism my results from salophen have so far been quite good, although my experience has been too limited to warrant positive statements. It has proved fully as effective as salicylate of soda, over which it possesses the following decided advantages: It is free from irritating effects on the stomach and intestinal canal, does not weaken the heart-muscle, and does not produce disturbances of the nervous system. Aside from an abundant perspiration, which appeared within half an hour of its administration and was followed by a reduction of the temperature, it is devoid of after-effects. The patients were not nauseated, and did not complain of headache, ringing in the ears, or vertigo, as so frequently happens with the salicylate. The cases treated were of moderate severity, and what impressed me most was the rapidity with which salophen relieved the pains and promoted the comfort of the patient. In the case of a very sensitive woman, who suffered from acute rheumatism of one knee and ankle joint, the pains abated considerably after the first three or four doses of fifteen grains, given at intervals of two hours, and she was enabled to enjoy a good night's rest. As regards the disappearance of the swelling and other symptoms, I failed to

note any appreciable difference between the action of salophen and salicylate of soda."

Rosenheim also calls attention to the value of salophen in cases of tonsilitis, and explains its action on the ground that there is a distinct relationship between rheumatism and tonsillar inflammations. In acute follicular tonsilitis, he prescribes five-grain doses of salophen every two or three hours until the pains and discomfort are relieved, and then at longer intervals. Here he also noted the analgesic and sedative qualities of the remedy, and the pains and irritation in the throat usually yielding rapidly to its influence. In cases attended with marked fever, he usually combined three to five grains of phenacetine with the first two or three doses of salophen, and found this combination very effective.

**Calomel in Hepatic Ascites.**—Jendrassik recalls attention (*Brit. Med. Journal*) to the diuretic properties of calomel and its value in cardiac, nephritic and hepatic dropsey. Nephritic complications, however, when thus treated, do not yield so satisfactorily as do cardiac, and opinions differ with regard to the benefits to be derived in hepatic affections. Palma describes a series of cases of liver disease, comprising patients with and without ascites, in which this condition, when present, was secondary. There was a remarkably beneficial result in four of the ascitic cases, the urine being increased three to ten-fold in quantity, causing disappearance of the fluid in the abdominal cavity and all subjective symptoms; in the other two, treatment gave no results, the patients dying of advanced disease and cholemia. Very slight diuresis only, though attended with improvement, was produced in two patients whose disease was unaccompanied by any evideuce of edema or ascites; but great relief was afforded with increase of urine to a ninth and last patient suffering from ascites due to secondary carcinomatous disease of the liver. The calomel was given during successive periods of three days, separated by intervals of one to three days, being given either in repeated doses of four and one-half to nine grains daily, or in quantities decreasing from fifteen to six grains per day. Two periods sufficed in the cases quoted, and stomatitis and diarrhea were obviated by means of chlorate of potash gargles and opium, the latter only failing rarely and temporarily; no

renal or cardiac irritation was induced. The manner of action is not quite evident to Palma, who, however, inclines to the view that calomel has a direct action on the kidneys and liver, as the failure of the drug in two of his cases to produce diuresis was to be attributed to the advanced disease, no kidney lesion being found post-mortem.

**Gangrene of the Vagina from Tincture of Chloride of Iron.**—Nammack (*N. Y. Med. Jour.*) reports a case in which cotton, saturated with four ounces of the tincture of chloride of iron, had been used to check hemorrhage. Two days later the mucous membrane was covered with thick, blackish sloughs. Fortunately, the use of preparations of iron to control uterine hemorrhage is becoming obsolete. It has probably, in some cases, caused atresia of the vagina.

**Quinine Solution for Hypodermatic Medication.**—*L'Union Médicale* shows that the hydrochlorate is the most soluble of all the quinine salts, and, being richest in alkaloid, is the most available for hypodermatic use. The sulphovinate is less desirable for this purpose. Analgesin increases the solubility of quinine salts.

**Creasote in Tuberculosis and the Prognostic Importance of Its Intolerance.**—Dr. Burlureaux (*Norsk Magazin for Lægevidenskaben*) calls attention to the well-known fact that a certain number of consumptives tolerate creasote well, even in large doses. Others, on the contrary, rapidly react under the drug, even in the smallest doses, with vertigo, headache, dark urine, etc. But there are especially three symptoms which indicate intolerance and beginning poison—the appearance of increased or subnormal temperature, together with a peculiar sensation of chilliness. These three phenomena may set in either singly or together. As a rule, one first notices a rise in temperature, reaching its highest point about seven hours after taking the remedy, then chilliness and fall in temperature—even to 33° C.

**Prophylaxis of Post-Amputation Neuralgia.**—Witzel (*Centralblatt f. Chir.*) on the basis of two dissections, came to the conclusion that post-operative neuralgia was due to the fixation of the nerve-endings through the bone or in firm scar tissue.

This post-operative neuralgia, particularly in the case of amputation, he proposes to avoid in the following way: After the limb is removed, even before bleeding vessels are secured, the nerve-ends are seized and drawn out as far as possible, the soft parts being stripped back with the back of a scalpel. They are then cut high up transversely. The cut end retracts deep in the soft parts, and it is especially important in Pirogoff's operation to divide the bifurcation of the tibial nerve. In shoulder-joint excision the divided extremities of the nerves should always be carefully sought for, pulled out and cut off. Primary healing is also to be sought for as a means of preventing post-operative neuralgia, since thus there is a scar tissue.

**Strophanthus in Alcoholism.**—Dr. A. P. Skwozow narrates three cases of periodical alcoholism treated by tincture of strophanthus, seven drops thrice daily (*Ex.*). Prior to administering the patient experienced dreadful nausea and great provocation to vomiting, though without actual ejection of gastric contents. Two or three minutes after taking the strophanthus a sensation of heat supervened, with profuse diaphoresis, when the nausea disappeared and general comfort succeeded. After the second dose the longing for alcohol disappeared.

The termination of the alcoholic attack entailed no hallucination or delirium, whereas during previous paroxysms the drunken period had always ended in mental disturbance.

Dr. Skwozow adds: "The action of strophanthus is extraordinary in habitual drunkards. It seems to produce a reaction in their organism such as it does not accomplish in any other body, whether healthy or diseased."

**The Value of Combining Heart-Tonics.**—*Convallaria majalis* is a simple cardiac tonic and a safe remedy. Its action is similar to that of digitalis, but not so marked says Dr. Taylor (*Clin. Jour.*). It causes slowing, and increases the force of the heart-beats. But it will frequently be found, in lessening compensation, that each of the foregoing drugs individually fails and disappoints us after a time. Then a combination of all three often produces an effect little short of marvellous. Once or twice in recent years I have been called in consultation over cases of advanced mitral disease, in which central failure has shown itself by extensive dropsy of the limbs, edema of the

lungs and liver, and a general water-logged condition of the system. On inquiry of my colleagues in attendance as to the exhibition of digitalis, the reply has been, "He has had it." A similar response has been given in the cases of strophanthus and convallaria. But they had not been given collectively—and when this was done, benefit speedily accrued to the patient and credit to his medical advisers.

**Mercurial Salve and Nux Vomica in Tetanus.**—Dr. E. de Pietra Leone (*Wiener med. Presse*, No. 15, 1894) reported before the Neuro-Psychiatric Section of the recent International Medical Congress on three cases of rheumatic tetanus where he had obtained excellent results by inunction of mercurial ointment in conjunction with small doses of the alcoholic extract of nux vomica. The inunctions were made in the lumbar region. The trismus and contractions of the pharyngeal muscles soon diminished, so that swallowing was again possible. Without drawing any conclusions from these few cases he thinks that this treatment is worthy of trial. [Tetanus is sometimes only diagnosed with difficulty from strychnine poisoning.—TRANS.]

**Antidote for Carbolic Acid Poisoning.**—Schobert recommends saccharate of lime as an antidote in phenol poisoning, as long as the poison is still in the stomach (*Pharm. Zeit.*). After it has passed into the intestines, sodium sulphate is the proper antidote. The saccharate of lime is proposed as follows:

Rx	Fresh quick lime .....	15	parts
	Sugar.....	25	"
	Water.....	1,000	"

The solution thus prepared contains five per cent. of calcium hydroxide. This preparation is also a good antidote in oxalic acid poisoning.

**Cream of Tartar in the Treatment of Gonorrhea.**—Dr. Oteri (*Journal de Médecine de Paris*), has employed the cream of tartar in 280 cases of gonorrhea, buboes, chancres and operations on the prepuce. On account of its mild action it is of service in urethral injections, even to five a day. It subdues the inflammation and arrests the discharge. It is possessed of eminent antiseptic and absorbent properties. In profuse suppuration in wounds or cavities with sinous or necrosing walls it will yield good results if applied locally. In buboes, chancres and

syphilitic ulcerations, as well as in balanitis, he has found it a good local application. It is cheap, devoid of odor, painless, and easily handled.

**Iron Oxalate in Anemia.**—Doctor Hayem writes the *Wiener medicinische Presse* that he has employed iron oxalate for several years in the treatment of chlorosis, and prefers it to all inorganic preparations of the metal. He first administers during meals two pills, each containing one and one-half grains; the dose subsequently being increased to four and one-half to six grains, if well borne.

#### PHYSIOLOGICAL AND PATHOLOGICAL NOTES.

**Sarcoma of the Kidney.**—Doctor T. Ferretti, of Rome, reports a case of sarcoma of kidney in which the growth was exceedingly rapid (*Record*). The morbid process began in the endothelial cells of Bowman's capsule, and soon induced atrophy and destruction of the Malpighian bodies. The glomeruli increased in size, and when they had attained about four times their normal volume, a mucous degeneration took place in their centre, having the appearance at times of a myxoma; many of the glomeruli gradually became confluent. The straight and convoluted tubes resisted the longest the invasion of the round cells of the sarcoma. The simultaneous development of the tumor in a very large number of glomeruli would point to a common cause invading different points. A careful examination failed to reveal the presence of coccidia, which are, in the author's opinion, in any case only degenerative bodies, and in no sense the cause of the sarcomatous process.

**Hermaphrodisim.**—In the *Western Medical Reporter*, Doctor G. Bergenzelli notes the case of an Italian, thirty-eight years old, in whom existed the pelvis of a male, and external genitals constituting a vulva with labia majora, at the superior extremity of which was the base of a well formed penis six centimeters long, increasing three centimeters during erection. The glans was well formed, with a slit in its inferior part ending in a cul-de-sac; the prepuce adhered to the nymphæ, and a median raphé in the lower surface led to the meatus and presented in its extremity Pozzi's frenum. The vagina was narrow, and digital examina-

tion revealed the presence of a uterine neck. Menstruation had been regular since the age of eighteen, and the individual has had sexual relations with both male and female—has aborted twice, but never impregnated a woman.

**Occurrence of Living Parasites in the Blood and Cancerous Cells in Cases of Carcinoma.**—In patients suffering carcinoma, Kahane (*Centralbl. f. Bakter.*) finds in blood from the fresh growth, and also from the finger tip, minute, irregular, ameboid, highly-refractile bodies, which he regards as parasites. These show very active rotary and progressive movements. The small bodies lie free in the blood stream, and also within the red corpuscles. The movements are kept up for an appreciable time after penetration of the corpuscle. Kahane thinks that further investigation may show morphological and biological points of resemblance between these bodies and the plasmodia of malaria. Examination in the fresh state disclosed similar bodies within the cells of the cancer. The growths examined were epitheliomata situated upon the face, prepuce, and cervix.

**Tuberculosis and Bedbugs.**—In an article published in the *Revue de la Tuberculose*, Dr. Dewevere calls attention to the fact that tuberculosis may be communicated by bedbugs. A young man slept in a bed which had been previously occupied by a consumptive, and contracted the disease. It was afterward found that he had been frequently bitten by bedbugs which had evidently infested the bed during its use by its previous occupant. Six per cent. of these insects captured from the bed contained tubercle bacilli. Guinea pigs inoculated with cultures made from these bugs died of tuberculosis. Some bugs, which had been brought in contact with tubercular sputa, several weeks afterward, gave rise to active cultures. The bugs probably derived their germs from the sputa or from infected linen. It is entirely possible that fleas may operate in the same way. A knowledge of this fact ought to give rise to an active effort for the extermination of these vermin, especially in countries where bedbugs are supposed, in some way, to contribute to health.

**The Pathology of Tetany.**—Carpenter (*Jour. of the Amer. Med. Assn.*) points out that tetany, as a general rule, follows upon such diseased conditions of the system as are observed to produce morbid discharges from mucous surfaces, whose absorp-

tion is known to cause symptoms in remote parts of body, due to the circulation of septic poison. In all cases of recorded observations of morbid processes antecedent to tetany a probable sepsis may be inferred, and no other cause common to them has so far been discussed. It is, therefore logically necessary to assign the causation of tetany to this fundamental peculiarity, as the antecedent factor, and to consider tetany not as an independent disease, but as a disorder consequent on some one of those diseases which generate septic poisons. He believes the disorder is now much more rare than formerly, and that this is because we now recognize puerperal and intestinal sepsis and make anti-septic medication the principal part of our treatment; and that, with the extinction of septicemia, will come the disappearance of septic disorders and sequels, and among these of tetany.

**Tuberculous Infection from Scrofulous Lymph Glands.**—According to Valland, man is rarely infected by inhalation of tuberculosis, whereas animals are usually infected through the respiratory tract. This is ascribed to the fact that the tubercle bacilli do not float in the air, as is currently supposed, but are fixed on the floor and can only be removed mechanically (*Ex.*). Therefore, infection must take place from the floor. In consequence, animals are always liable to infection by this means and human beings only when they come in direct contact with the floor, as in childhood. He then proceeds to show that tuberculous infection of the lungs in later life is secondary to the tuberculosis of the lymph glands in childhood, the infectious matter being conveyed from the glands to the lungs. In corroboration of this theory, he adduced the following interesting figures: In 101 of 108 tuberculous individuals he found enlarged cervical lymph glands; in the gland the tubercle bacilli remained quiescent for a time, and under favorable conditions they were transplanted to the lungs. He examined 2506 persons and found enlarged cervical glands in the following percentages according to age: 96 per cent. between the age of seven and nine, 91.6 per cent. from ten to twelve, 84 per cent. from thirteen to fifteen, 69.7 per cent. from sixteen to eighteen, and 68.3 per cent. from nineteen to twenty-four years of age. According to the progressive reduction with the increase of years, infection from scrofula antedates the school period. He says further, that enlargement

of the lymph glands is not an evidence of tuberculosis, as the lymph glands enlarge from other infections, to disappear in a short time. If, however, the enlargement persists, it is very suspicious, for they are found enlarged in 93 per cent. of all persons suffering from pulmonary tuberculosis. In about 68 per cent. of adults, the cervical glands contain tubercle bacilli. Aside from the usual hygienic rules, nutrition, clothing, etc., to further prevent infection, the author directs attention to the necessity of treating promptly all wounds of the face sustained in childhood. Any excoriation should be protected at once. The child should be prevented from coming in contact with the floor, and any article removed from the floor should be thoroughly cleaned before it is given to the child. He further directs attention to other precautions based on the theory of infection from the floor.

**The Cancer Germ.**—Dr. Van Nissen, of Wiesbaden, has found a micro-organism in cancerous tissue, which he is led to regard as the cause of the disease. In cultures the cell-groups bore a very close resemblance to the so-called epithelial cell nests of carcinoma. He calls this new micro-organism claspodium cancerogenes, or, for the sake of brevity, canceromyces. The organism is described briefly in the *Centralblatt für die medicinischen Wissenschaften*, No. 21, 1894, but the author promises to present a more complete account of his experiments in a short time.

**A Case of Rupture of the Heart in a Melancholic.**—This case, reported by D. Vincent Nash, was that of a lady, 64 years of age, who had recovered from several attacks of melancholia (*Ex.*). In a further relapse of recurrent melancholia, during which she became much depressed and made several suicidal attempts, she had an attack of pneumonia of the lower lobe of the left lung. On the seventh day of the disease she was taken with a sudden collapse; cyanosis set in with a feeble, thread-like pulse, cold perspiration, severe dyspnea, and pain in the region of the heart. The physical signs of an affection of the mitral valve of the heart had already been discovered shortly after her admission to the asylum, prior to the beginning of the attack of pneumonia. The dyspnea became so severe that the patient could not lie down in bed; 48 hours after the beginning of the collapse death took place

suddenly as the patient attempted to turn over in bed. The *post-mortem* examination revealed, besides red hepatization of the lower part of the left lung, and an affection of the mitral valve, a fatty degeneration of the heart and a rupture of the left ventricle a short distance above the apex. The peri-cardial sac was filled with blood-coagula. What is remarkable about the case was that she should live so long after rupture of the heart had apparently taken place.

#### DISEASES OF WOMEN AND CHILDREN.

**Contribution to the Histology of Extra-Uterine Pregnancy, with Remarks on a Very Early Ovum Expelled with the Decidua.**—Kossmann states (*Zeitschr. f. Geb. u. Gyn.*) that he has studied the mode of insertion of the human ovum during the earliest period of pregnancy on two fresh living specimens obtained by operation. One of the specimens was a gravid tube of about the fifth week, the other a myomatous uterus of a still earlier period.

Basing particularly on this latter specimen, the author asserts that the human ovum does not by any means adhere loosely at first to the decidua by the ends of the villi, but that this union is a very intimate one. The syncytium is a product of transformation of the uterine mucosa and not of the ectoderm of the ovum. The latter remains intact from the start, and is represented by Langhans' cell layer. Within the syncytium vacuoles are uniformly present; several of the vacuoles coalescing, the intervillous spaces result, which are filled with blood.

In the tubal pregnancy the uterine end of the tube was easily patulous; the ruptured hematoma was located toward the abdomen in the tubal wall, far away from the ovisac.

**The Change in Size of the Cervical Canal during Menstruation.**—After a series of careful measurements of the cervical canal during menstruation, Dr. Herman has arrived at the following conclusions (*Archives of Gyn.*): 1. That slight spontaneous dilatation of the cervical canal takes place during menstruation. 2. That this dilatation is at its maximum on the third and fourth days of menstruation. 3. That this dilatation takes place in those who menstruate with pain as well as in those who menstruate without; in those who menstruate scantily as well as

in those who menstruate copiously; and there is no marked concomitant variation between the amount of dilatation and the amount of pain, or the amount of flow.

**Intra-Uterine Irrigation in the Treatment of Fevers Occurring During the Puerperium.**—According to Prof. Fredricks (*Am. Gyn. & Obstet. Journal*), if a febrile attack during the puerperal period can be assigned to any known cause, and septic absorption from the uterus or vagina excluded, manifestly intra-uterine irrigation is not indicated; it is worse than useless—it is positively harmful. Intra-uterine irrigation does not constitute the sum total of the treatment of puerperal septicemia. Those who depend upon it alone will be disappointed in a goodly proportion of their cases. Washing out the uterus is only one step, and a very valuable one, in the vast majority of cases of puerperal septic infection. It is simply applying to the uterine cavity the surgical principle of irrigation and drainage of septic cavities. But what surgeon would be content to simply wash out a septic cavity if there probably existed in the cavity materials which the current of water would not wash away. A uterus which has adhering to its walls septic tenacious mucus or rotting tufts of placenta or decidua cannot be cleansed by a stream of water running in and out, however strongly antiseptic the solution may be. The use of a curette to loosen and remove these masses from the walls and then a stream to wash them out, even if it be only plain sterilized water, is much more effective than irrigation alone could ever be.

#### SURGERY.

**Curettage of the Rectum for Cancer.**—At a recent meeting of the Académie de Médecine, Paris, M. Quénou presented a patient (*Med. Press and Circular*) who suffered from cancer of the rectum for the last five years. When the man was seen for the first time no operation was possible, and he was obliged to create an artificial anus. But this operation was insufficient, as the patient continued to lose a good lot of blood and to become rapidly cachetic from auto-infection. Thinking that curettage applied to advanced cancer of the uterus might be suitable in this case, M. Quénou performed this palliative operation with very good result. The hemorrhage ceased, as well as the auto-infec-

tion resulting from the cancerous mass. The patient gained six pounds in a month, all fetid odor had disappeared, and the rectum recovered its permeability. The speaker ended by saying that this operation might be more frequently practiced to the great benefit of the patient.

**Contribution to Surgery for the Relief of Gall-Stones.—** Kehr, writing on the surgical treatment of gall-stones (*Deutsche Zeitschrift für Chirurgie*) refers to fifty-three cases, upon whom he has performed eighty-one operations in the last three and one-half years. Of thirty-six patients upon whom he performed cholecystotomy for stone in one or two stages, there were no deaths. The production of a gall-bladder fistula is not a dangerous operation. In all the cases a cure has resulted. In a single instance only a fistula remained, but this caused so little inconvenience that the patient did not care to have it closed.

As a result of his observations and experience, the author has arrived at the following conclusions (*Ez.*):

1. There are entirely too few operations for gall-stones; it is of the greatest importance that these operations should be done early.
2. Many patients with gall-stones do not belong at Carlsbad, but at a surgical clinic.
3. The public must be informed of the dangers attending the presence of gall-stones; the physician must not delay too long the necessary operation.
4. The course of the disease and the intensity of the pain often make operation imperative.
5. Operation may be very necessary, although there be no icterus, swelling of the liver, or tumor of the gall-bladder; also the pains need not be typical gall-stone colic.
6. In long-standing stomach troubles, such as dilatation, and especially in so-called stomach cramps, one must not lose sight of the possibility of gall-stones and of the existence of hernia in the linea alba. Many patients are treated for stomach tumors who have gall-stones.
7. Riedel's tongue-shaped appendix is present in many cases of hydrops of the gall-bladder; it is not seldom mistaken for wandering kidney on the right side.
8. Gall-stone colic is frequently due to inflammation of the

gall-bladder; the icterus that is combined with it is due to the swelling of the mucous membrane of the bile ducts.

9. Adhesions, especially between the gall-bladder and the pyloric end of the stomach, cause colic-like pains, although the stones originally causing the trouble had passed a long time before.

10. For removing stones from the gall-bladder cholecystotomy is sufficient; if the proper technique is applied, fistula will not remain.

11. Adhesions must be freed as far as possible.

12. The ideal method with its modifications is to be discarded.

13. The total extirpation of the gall-bladder is to be considered only on account of disease of its walls (carcinoma, ulcerations, etc.), and not on account of the stones that may be contained in it; in some instances, in which the organ is small and shrunken, Riedel's or Lauenstein's method may be employed, and then cystotomy is indicated.

14. Stones in the common duct are to be removed by incision of the duct.

15. Cystic stones must, under certain conditions, be removed by incision of the gall-bladder.

16. The surgical attack is often less dangerous than the treatment by medicine—that is, the waiting and delay of operation.

17. I have not yet observed a recurrence.

18. Gall-stone operations must be executed in clinical institutions only.

19. Only those who are experienced in abdominal surgery should undertake gall-stone operations.

**Interesting Ovariectomy.**—In the *Australasian Medical Gazette*, Dr. E. Mathews Owens, of Brisbane, reports a case of successful ovariectomy on a patient in her 87th year. The tumor removed was a large fibro-cystic one of the left ovary.

In 1887 Dr. Owens removed a large parovarian cyst of the same side from the same patient. This report is not only interesting from the fact that the patient was probably the oldest one this operation was ever performed upon, but that it also opens the question as to the justifiability of removing the appendages in operations for parovarian tumor.

[November,

## Society Proceedings.

### ST. LOUIS MEDICAL SOCIETY.

W. H. FUCHS, M. D., Editor.

Stated meeting, Saturday evening, September 15th, 1894; the President, W. B. Outten, M.D., in the chair.

The discussion of the following subject was announced by the Executive Committee: "The effect upon the health of communities of gases and odors emanating from sewers and various manufacturing and mercantile establishments."

Dr. I. N. Love was requested to speak upon the subject. He said that to his mind the subject was not one for discussion, as he could not conceive how there could be a difference of opinion in the matter. We are confronted by facts and conditions of effects produced upon communities by vitiated air, which may be verified in our daily contact with patients in practice and by laboratory research. There can be no doubt that pure air is essential to good health, and that air contaminated with foul gases is not pure, no matter what the source and character of the gas. Certainly air charged with foul smelling gases is injurious to the system, as it carries infection directly into the system through the respiratory organs. Infection may also be carried into the system through a denuded surface, and by means of absorption along the intestinal tract. This latter fact is of importance with reference to the pollution, by sewage, of streams of which the water is used for drinking purposes. We know that sewers are permanently and continuously inhabited by disease germs, such as those of diphtheria, scarlet and typhoid fever, and that these may be conveyed into the system by means of drinking water or, in a dry state, through the air; therefore, it would be better, considering the arrangement from a sanitary standpoint, if all connection with the sewer in private houses would be avoided. Vitiated air is injurious, not only as a direct cause of the infection, but, by gradually poisoning the individual, it reduces his powers of resisting other infectious agencies, prevents his convalescence from other causes of physical depreciation.

Stated meeting, Saturday evening, September 22nd, 1894; the President, W. B. Outten, M.D., in the chair.

Dr. H. C. Dalton presented a specimen of "Ovarian Pregnancy," removed from a patient twenty-seven years of age.

Patient began to menstruate at fifteen; had gonorrhea seven years ago, since which time menstruation has been irregular; five years ago she had a miscarriage; has had no children or other miscarriages. She was very nervous and hypersensitive at the time of examination; temperature was 100.5° F; pulse 110, and she had had several slight chills during the few days previous.

Upon bi-manual examination, which was so painful as to require an anesthetic, a mass, about the size of a goose egg, could be outlined in the right iliac fossa. These symptoms, together with the impression gained from the patient that she had menstruated several times monthly during the last few months, led to a diagnosis of pyosalpinx. The impression gained from the patient was found to be incorrect, as it was determined upon further questioning that she had missed the menstrual periods since the first of July.

At the operation the mass could be easily peeled out, but this was accompanied by considerable haemorrhage. The tumor was ligated at the uterine end with little difficulty, and no drainage or irrigation was employed. The patient's temperature to-night is 99°, pulse 80, and she is comfortable, save for a slight back-ache, a symptom common after most abdominal operations.

Dr. Hugo Summa said that this is a very rare specimen, according to the literature on the subject. Tubal pregnancies are most frequent, secondary abdominal pregnancies second, and ovarian pregnancies of rarest occurrence. In this specimen the tube and its fimbriated extremity remain intact, but the ovary is almost completely absorbed, merely a shell remaining.

Dr. T. F. Prewitt considered the mistake in diagnosis excusable in this case, especially when we consider the history of previous existing gonorrhea and menstrual irregularity, and the pain and rise of temperature. Lawson Tait says that a diagnosis of tubal pregnancy could not be made before rupture. This is probably going too far, and a correct history of this patient's menstruation would have led to a suspicion of the existing condition.

The speaker recalled a case presented to the society about a year ago, in which he had made a diagnosis of tubal pregnancy

prior to the operation. In that case, a woman who had been married two years, but who had had no children—there had been cessation of menstruation for six weeks, followed by a sharp pain in the iliac fossa and a free discharge of blood lasting three weeks. Upon examination, distinct evidence of endometritis could be found, and a boggy mass could be outlined in the iliac fossa.

As to the occurrence of ovarian pregnancy, there exists a difference of opinion on that subject. Mr. Tait denies the possibility of that condition. In the speaker's opinion the case presented is one of pregnancy occurring in the outer extremity of the tube, as there seems to be a cystic ovary attached to the under surface which could be separated from the tube proper.

Dr. T. C. Witherspoon considered the specimen of special interest, it being similar to a condition seen by him two years ago. Ovarian pregnancy is denied by many, and probably the only authenticated case on record is owned by Dr. Joseph Price. Personally he considered ovarian pregnancies very doubtful, as he did not think that the tube ever grasps the ovary. The Graafian follicle ruptures, the ovum is extruded into the abdominal cavity and thence passes into the tube. Fecundation would, therefore, be impossible before the ovum had been discharged into the abdominal cavity.

Dr. Jacobson recalled a case of tubal pregnancy diagnosticated before operation, in which electricity was employed with a view of killing the fetus, but unsuccessfully. It was removed by operation ten days later.

The discussion of the subject, "The effect upon the health of the communities of gases and odors emanating from sewers and various mercantile and manufacturing establishments," was resumed as a special order of business

Dr. H. C. Fairbrother had made observations upon this subject some fifteen years ago, in East St. Louis, but failed to condense the facts into a systematic report. Rendering establishments used to be very abundant in East St. Louis, and were a great nuisance until the hauling of dead animals through the streets of that city was interdicted by the authorities.

Dr. T. F. Prewitt thought that a distinction ought to be made between odors and infection. While bad odors might be a very disagreeable thing to a community in which they occur, it is

questionable whether they are injurious to the health, although they would seem to be so. He mentioned the fact that medical students could work in the midst of foul odors and not become affected by them. They might even have an exposed wound and not become infected. This condition is entirely different, however, when the polluted materials are brought into actual contact with the body. While the possibility of infection through contact with foul gases might be questioned, it has been absolutely demonstrated that polluted water—such as that containing the typhoid bacillus—may produce disease. The question of impure drinking water, therefore, should receive thorough consideration, especially since people will continue to use water from wells, providing it has no odor, in spite of there being every reason to believe that it is impregnated with disease germs.

Dr. R. Funkhouser believed that this subject could not be properly treated in a discussion in one evening; nor could a practicing physician devote the proper amount of time and study to it without neglecting his patients. There are so many different kinds of establishments of this class, and so many chemical changes taking place, that in order to be properly treated the subject must be approached by different paths and by different individuals.

In his opinion, an investigation of this kind should be conducted by the city, through its various officers, physicians, sanitary commissions and chemists. The air should be examined microscopically and chemically for all the different nitrites, ammonia, the results of the presence of animal matter, hydrogen, phosphites, and phosphoretted and sulphuretted hydrogen.

One is struck, however, in looking over various authorities upon this subject, including Parks, at the unanimity with which they come to the conclusion that persons working in these different factories are very little inconvenienced physically. There are many exceptions, however; instances where such substances produce irritation of the intestinal tract and undermine the health generally. These instances of deleterious effect upon the health of communities, aside from the disagreeable features of the odor, make it imperative that the subject be investigated and the nuisance abated.

Dr. S. Pollak was inclined to think that the subject is one for engineers and chemists, aided, of course, by physicians in their department. While the odors from these various establishments

might be very disagreeable, he had never noticed any bad effect upon the health of communities. He recalled the instance of a district west of Grand Avenue, known as "Butchertown," which was so loudly condemned a few years ago. Although the odors were very unpleasant in this case, the butchers were perfectly healthy. The subjects of garbage disposal and pure drinking water are of very great importance. The doctor is in the habit of having all the garbage at his home incinerated in the kitchen stove, a method of disposal which he has recommended to some of his patients. It has proved quite satisfactory.

Dr. Judson being called upon, briefly related his experience while acting as a member of the St. Louis Sanitary Commission appointed to examine their works. The method used by them is known as the "Merz Vienna" system. The garbage is first introduced into long steam-tight boilers fitted with an air-tight iron cap. It is allowed to remain in these "dryers" for several hours, being constantly stirred by mechanical stirrers and subjected to steam at about 300° F., and at a pressure of 85 pounds, which is supplied by boilers 70 feet away. From these "dryers" the garbage is passed into large tanks and treated for the extraction of oils; after which it is sifted, the bones, metals, cans, etc., being cleaned out, and the refuse being used as fertilizer. The "dryers," however, are connected with suction cans, which draw off the gases as rapidly as they are formed. These are then passed through iron tubes, called the "scub," through which a jet of water is playing. The idea of this is to cool the gases, in the first place, condense those which are condensable at atmospheric temperature, and to dissolve all those which are soluble. The water used in the scrubbers is passed directly into the river. The non-condensed gases are drawn off and passed through tubes into the boilers, and finally into the combustion chambers of the furnace.

Speaker endeavored to determine what the products of this garbage fermentation are, which gases are volatile at the temperature employed, and which gases are not condensable and pass into the furnace, but he failed utterly to do so. Of course, the materials treated vary a great deal, in accordance with their source and with the season, but there are at all times some products of fermentation and decomposition present. Besides the ordinary products of decomposition, the writers tell us there are

several unknown compounds, and it is just these unknown substances are the ones which are offensive.

In the speaker's opinion the method in use here can be made almost perfect. In the first place, the machinery must be constructed perfectly and work well. Then the combustible gases must be raised to a temperature sufficiently high to ignite them, after which a sufficient amount of oxygen must be supplied to support the combustion. The products of this fermentation are mostly hydro-carbons, and they are certainly combustible and will be consumed if we will but remember that different gases require different temperatures for their ignition.

In answer to a question by Dr. Prewitt, the speaker said that it is probably the sewer which is accountable for a great deal of the odor around the reduction works. The plant is located in what is almost a cesspool, and it is also very poorly surrounded. There are fumes escaping from the sulphur used in suffocating dogs in the pound; pork houses discharge all sorts of refuse material into the pool, and the breweries inject large quantities of steaming water into this mass. The past season has been a very dry one, and the sewers are not sufficiently flushed by the water injected into them by factories and other sources. This probably accounts for the great volume of gases and has given greater cause for complaint.

Mr. Chauvenet had not given the subject much consideration until two years ago, when his attention was called to it. The disposal of refuse material of all kinds is daily becoming of greater importance in the larger cities, and different experiments have been tried with varying success. It is creating a nuisance in London, Paris, New York and other cities. The method employed in New York, of dumping the refuse ten feet above sea level on an island, was not approved. Berlin has failed with her garbage farm; London has met with no success in the matter; garbage is thick along the coast of Scotland, and New Jersey is up in arms because New York is dumping her garbage along her shore.

The indifference displayed by Americans in regard to the disposal of garbage must stop. It is very pleasant to sit down to a good meal, but some attention should be given to the proper disposition of refuse. We should see to it that the condition of the back yard is more in keeping with the appearance of the front of

the house. It is time that civilized communities were doing something in this matter, and we should no longer be obliged to drink the water of streams into which we pour our filth.

Speaker thought that Strathman, Buch and Rohan are the best writers on the subject. Buch especially gives numerous instances of rendering establishments such as those mentioned by Dr. Fairbrother, and concludes that, far from being unhealthy to the men participating in these operations, that many delicate men actually regain health by going to work in these establishments. It is probably natural why a man breathing the unctuous atmosphere of a soap factory should grow fat, but why anybody in a glue factory should thrive is not so easily comprehended. An exception is made by this author of glue factories, where the liberation of sulphide of carbon causes suppression of the urine and consequent severe illness.

In answering a question by Dr. Pollak, the speaker said that a physician in Minneapolis had introduced a kitchen stove for burning garbage. There is no objection to this method of disposal as long as it is confined to a few families. But when the whole community uses them, the air becomes charged with noxious gases and odors. Chicago is trying the hauling around of a little crematory through the streets, and when a certain amount of garbage is accumulated they stop at a convenient point and burn it. The owner of the premises then promptly objects and invites the unsanitary officers to move to some other point.

Several years ago it was the speaker's mission to visit all the cities in which the Merz system of garbage reduction is in operation. These cities are Milwaukee, Saint Paul, Detroit, Buffalo, Patterson, New Jersey, and St. Louis. The plant in this city is the only model one, and is the largest in the world. The chief difficulty seems to be the manner of collecting the garbage, its transportation and the location of the works. Garbage should be collected before it has decomposed, and then it should be transported in air tight carts, and not, as at present, be distributed along the streets by leakage from imperfectly constructed wagons, or carried about in the clothes of drivers who wade in it up to their knees. The other difficulty is hard to overcome, as the works must remain in the city limits, since the United States law prohibits a community from putting its nuisance on its neighbor. Nevertheless, our system is the most perfect one, and it

was so considered by a New York representative, who telegraphed to that troubled city, "Factory magnificent, plan working to perfection, system beyond question a good one, recommend it by all means."

The Merz system is intended to treat animals exactly like garbage. It receives the animal from the hopper in the butcher room, and it comes out a powder in odor and appearance very much like chickory. The result of the Merz process is to give a fertilizer that is composed of three per cent. of ammonia, seven per cent. bone phosphate, one per cent. potash, twelve per cent water and the rest carbonaceous matter. It goes back into the soil and is eagerly sought after, and we are exercising great economy, because we rob the soil with our crops and we are now enriching them again.

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Stated meeting, Saturday evening, Oct. 14, 1894.

Dr. T. C. Witherspoon read a paper entitled "The Relative Merits of Silk and Catgut in Surgical Operations." (See page 275).

Dr. H. Jacobson considered catgut of use in rectal surgery where an absolute aseptic condition is not possible. In this connection its use as a suturing material in hemorrhoids has been particularly emphasized, it being claimed that it causes less pain than silk. Catgut boiled about one hour at a temperature of 212° F. will yield no cultures.

Dr. Fairbrother commented very favorably on the use of silk-worm-gut as a suturing material. It is easily rendered antiseptic, is thin, strong, threaded with facility, and then there is no danger of its slipping from the needle. The knot is very firm and easily tied.

Dr. Emory Lanphear differed with the essayist in regard to the use of catgut. He is in the habit of using silk in all cases that are infected or that may become so, and catgut in all aseptic cases. There is no doubt that catgut may be sterilized, which may be demonstrated by laboratory experiments or practical results. Juniper catgut should be used; that preserved in carbonized solutions being unreliable. The gut should be selected with great care, dry gut being generally preferable. It is washed with soap and water, placed in sulphuric ether until translucent, immersed in juniper oil for a period of two to three weeks, ac-

cording to the pliability desired, and then preserved in a solution composed of 95% alcohol, 5% chloroform, and 5% sterilized castor oil.

Its use in pelvic surgery and in operations about the head is particularly good. It may be left in indefinitely, obviating the necessity of frequent dressings and causing no trouble when they are renewed.

There is no reason for discarding the gut as a ligature if it is properly used. Speaker had successfully ligated the common carotid, the femoral and iliac arteries with it.

Two years ago he had published an article in the *International Journal of Surgery*, in which he detailed the results in 100 cases in which catgut had been used with the idea of determining whether suppurative conditions could result as a consequence. The cases included all kinds of major operations and were watched very closely. In only four was there suppuration after the first dressing or subsequently, and even in these instances it was not definitely determined whether sepsis was due to the catgut or if it had been obtained at the operation.

Dr. A. H. Meisenbach also disagreed with Dr. Witherspoon in regard to the relative merits of silk and catgut. Catgut has been condemned time and again by microscopists and surgeons on account of its being a source of infection. Five years ago Kocher, of Bonn, had a series of mishaps which he attributed to catgut, but which were demonstrated to have been due to defective technique in some other respect. He substituted fine silk in all cases, claiming that it was subject to more thorough sterilization. When a heavier grade was required he doubled the fine strands.

Dr. Martin, of Berlin, uses more catgut than all the other surgeons of that city combined, his consumption amounting to \$450 worth per annum. He uses it for everything, and makes a most beautiful plastic operation of the perineum with the deep, buried, continuous catgut suture. His results are perfect. Speaker had done the same in this city, but he prepared his own catgut. According to his mode of preparation, the gut is first immersed for twenty-four to forty-eight hours in sulphuric ether; then in a solution of bichloride of mercury; after that in 95% alcohol; finally in a  $\frac{1}{2}0\%$  solution of mercuric chloride. Another mode of preparation suggested recently is to boil the gut in absolute alcohol under pressure.

One of the objections urged against catgut is the readiness with which the knot slips. This need not occur if proper care is exercised. Many surgeons use too much force in tying knots, and in that way cause a necrosis of the tissues by strangulating them. The danger of this complication is largely overcome by the elasticity of the gut. In ligating vessels, catgut has a very marked place in surgery, and the majority of surgeons would not be willing to discard it for silk. It is doubtless more difficult to thread catgut, but this prevents the use of too small a needle, a mistake which, in the speaker's opinion, is too often made by surgeons.

Dr. Witherspoon in closing the discussion, said that the various modes of sterilizing catgut which have been suggested from time to time, and are being suggested daily, are very much like prescriptions for the cure of gonorrhea. Their very number at once suggests a feeling of uncertainty in all and proficiency in none. When sterilized according to some methods suggested it yields an insoluble material, which will not give a culture when planted in gelatine. Still it may be full of spores.

Speaker had used catgut with bad results, and silk with excellent success; consequently he feels safer with the latter material. Silk, as a ligature for the broad ligament, is a far superior substance when used carefully. Suppuration need not occur unless the ligature is introduced into an infected area. In ligating vessels a thin strand that can be drawn tightly should be used. Silk meets this requirement more perfectly. Catgut used in the bowel may be a very good thing, and yet it will be found that most subjects prefer silk.

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**Monument to Charcot.**—The pupils and former associates of Charcot in Paris and throughout France are engaged in raising a fund for the erection of a bronze statue of him in the Salpêtrière (*Med. News*). This movement is now receiving cordial and material support in Germany, in England and in Italy.

It has therefore seemed desirable to the New York Neurological Society that the profession in America join in this testimonial.

For this purpose the society has appointed a committee, consisting of Drs. Edward D. Fisher, E. C. Seguin, M. Allen Starr, Charles L. Dana and C. A. Herter, to bring the matter to the attention of the profession and to receive contributions, which will be duly acknowledged and forwarded to the central committee in Paris.

### Book Reviews.

**The Pocket Anatomist.** By C. HENRI LEONARD, A.M., M.D. Leather, 300 pages. One Hundred and Ninety-Three Illustrations. [Detroit: The Illustrated Medical Journal Co. Price, \$1.00.

The eighteenth edition of this popular anatomy is now before us; it is printed upon thin paper and bound in flexible leather so as to be specially handy for the pocket. The illustrations are photo-engraved from the English edition of Gray's Anatomy, so are exact as to their details. Three large editions have been sold in England, testifying to its popularity there, and some sixteen thousand copies have been sold in this country. It briefly describes each artery, vein, nerve, muscle and bone, besides the several special organs of the body. It contains more illustrations than any of the other small anatomies.

**Annual of the Universal Medical Sciences.** A yearly report of the progress of the general sanitary sciences throughout the world. Edited by CHARLES E. SAJOUS, M.D., and Seventy Associate Editors, Assisted by over Two Hundred Corresponding Editors, Collaborators and Correspondents. Five Volumes. Royal Octavo. Illustrated with Chromo-Lithographs, Engravings and Maps. [Philadelphia: The F. A. Davis Company. 1894.

We are pleased once more to greet an old friend which has proven so useful upon former occasions. We are sorry that we cannot note any marked improvement upon last year's issue, but, as we stated at that time, we deemed it hardly possible to produce a better work of the character than was then presented. Among the special features, however, it may be noted that there are more contributions from trans-Atlantic authorities than heretofore, a feature which will have a marked influence in placing us more in touch with them. As heretofore, the associate editors have been most careful in making their selections, looking more to quality than to quantity, and using trained critical powers in their selection of those topics and their discussion, as will prove of the greatest value to the worker as well as to the writer. We note that in this particular we may have been hasty in our statement above that there was no marked improvement over the previous issue. For it is to be noted that fewer abstracts appear, reference being merely made to recent papers, whilst the subject under consideration is dealt with in a finished and exhaustive monograph which is brought up to date and is replete with original observations. Whilst this implies additional labor on the part of the department editors, it also adds to the value

of the article, and increases, to a marked degree, the interest of the reader as well as his appreciation of the efforts made in his behalf.

Only those who have done serious editorial work or who have written books are fully competent to judge of the vast amount of labor involved in an undertaking such as the publication before us. Its merits are manifold, and they are an evidence of the work of Dr. Sajous, the talented editor who has been the guiding spirit of the literary part of the Annual, and whose good judgment is manifest upon every page of each volume. Not only this, but he has been most ably seconded by the publishers, who have spared no pains or expense to produce a handsome work so far as lay in their power. And they have admirably succeeded. The illustrations and colored plates are numerous and well selected. Their execution is above criticism.

No progressive physician can afford to do without this annual survey of the advances made in the medical sciences during the past year. There may be some of our confrères who do not take the Annual. We advise them to do so now and they will never have cause to regret their action. They will find it one of the best investments they ever made.

**A Synopsis of the Practice of Medicine.** By WILLIAM BLAIR STEWART, A.M., M.D. 8vo. pp. 433. [New York: E. B. Treat. 1894. Price, \$2.75.

This is an excellent compendium of the most valuable and approved methods employed in the practice of medicine at the present day. The author has eschewed inferior methods altogether, and very wisely so. The too recent methods, which are not yet placed upon a secure foundation, are not mentioned, as the purpose of the work before us is to serve as a trustworthy and reliable guide in which the salient points connected with diseases, their diagnosis and treatment may be found. It is clearly written, and in its arrangement a logical sequence is preserved. The diseases of the nervous system and the psychoses received that deserved attention which their importance so justly demands. On the whole, it is a most excellent book of ready reference.

**Practical Urinalysis and Urinary Diagnosis. A Manual for the Use of Physicians, Surgeons and Students.** By CHARLES W. PURDY, M.D. 8vo, pp. 360. With Numerous Illustrations, including Photo-Engravings and Colored Plates. Philadelphia: The F. A. Davis Co. 1894. Price, \$2.50 net.

No physician of the present day can be regarded as fully competent and equipped to pursue his calling properly unless he is capable of making an examination of suspected urine. It is no unusual thing, however, for the details of many of the manipu-

lations to escape the memory, and for this reason a good, reliable guide should always be at hand for the purposes of reference. There is none which we can more heartily recommend for this purpose than Purdy's book. Whilst not too bulky, it is complete and is illustrated in a most competent manner. It is above all things thorough; and the illustrations, which are numerous, and the plates are all useful as well as well chosen. The frontispiece giving Vogel's scale of urine tints will be found of the greatest utility in the proper determination of the color of urine. The author has demonstrated his capability to write such a work as the one before us. But it is unnecessary to speak of this, as he is already well known as the author of works on Bright's disease and diabetes. We predict a large sale for this excellent manual.

**Text-Book of Hygiene.** A Comprehensive Treatise on the Principles and Practice of Preventive Medicine from an American Standpoint. By GEORGE H. ROHE, M.D. Third Edition, Thoroughly Revised and Largely Re-written, with many Illustrations and Valuable Tables. Royal Octavo. pp. 553. [Philadelphia: The F. A. Davis Co. 1894. Price, \$3.00 net.

As we stated in a review of a former edition of this work, it remains to-day the best one of American authorship. Hygiene is rapidly assuming the position to which it is justly entitled, and no better evidence of this could be offered than the fact that Dr. Rohe's book has reached a third edition. The present is a great improvement over the former issues, and much valuable new matter has been added as well as necessary changes made. The chapter on Quarantine has been entirely recast, and the methods of examination of air, water and food are among the valuable additions. In speaking of contagion and infection the author does not mention leprosy, preferring, perhaps, not to commit himself on the question of the contagiousness of the disease.

All those who are interested in sanitation—and what physician is not?—should certainly possess a copy of this well-written text-book. We congratulate both author and publishers upon the handsome appearance presented by this edition.

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### Literary Notes.

**Books Received.**—The following books have been received during the past month, and are reviewed in the present number of the JOURNAL:

The Pocket Anatomist. By C. Henri Leonard, A.M., M.D. 32mo., pp. 300, with 193 Illustrations. [Detroit: The Illustrated Medical Journal Co., 1894. Price, \$1.00.

Annual of the Universal Medical Sciences. A Yearly Report of the Progress of the General Sanitary Sciences throughout the World. Edited by Charles E. Sajous, M.D., and Seventy Associate Editors, assisted by over Two Hundred Corresponding Editors, Collaborators, and Correspondents. Five Volumes, Royal Octavo. Illustrated with Chromo-Lithographs, Engravings and Maps. [Philadelphia: The F. A. Davis Co., 1894.

Landmarks in Gynaecology, By Byron Robinson, B.S., M.D. Vols. I.-II., pp. 114-220, (Physicians' Leisure Library.) [Detroit: Geo. S. Davis, 1894. Price, 25 cents per volume.

Practical Urinalysis and Urinary Diagnosis. A Manual for the Use of Physicians, Surgeons, and Students, by Charles W. Purdy, M.D. 8vo., pp. 360, with numerous Illustrations, including Photo-Engravings and Colored Plates. [Philadelphia: The F. A. Davis Co., 1894. Price, \$2.50 net.

Text Book of Hygiene. A Comprehensive Treatise on the Principles and Practice of Preventive Medicine from an American standpoint, by George H. Rohé, M.D. Third Edition, thoroughly revised and largely rewritten, with many Illustrations and Valuable Tables. Royal 8vo., pp. 553. [Philadelphia: The F. A. Davis Co., 1894. Price, \$3.00 net.

A Synopsis of the Practice of Medicine. By William Blair Stewart, A.M., M.D. 8vo., pp. 434. [New York: E. B. Treat, 1894. Price, \$2.75.

Travaux d'Electrothérapie Gynécologique, Archives Semestrielles d'Electrothérapie Gynécologique fondées et publiées par le Dr. G. Apostoli. Vol. I. Fascicules I. et II. 8vo., pp. 720. [Paris: Société d'Editions Scientifiques, 1894.

Transactions of the American Otological Society. Twenty-Seventh Annual Meeting, May 29, 1894. Vol. VI., Part I. 8vo., pp. 131. [New Bedford, Mass.: Published by the Society, 1894.

The American Otological Society has just issued its transactions for the meeting of 1894, and, as usual, it makes a handsome volume, gotten up in the highest style of the typographer's art. The papers in this issue are most excellent ones by the foremost otologists of this country. The volume forms a record of the transactions of the society in connection with the late meeting of the American Congress of Physicians and Surgeons. We congratulate the society on its valuable contributions and earnest work in the field of otology.

The Medical Fortnightly has a new editor-in-chief now. Dr. James Morris Ball, former editor of the *Tri-State Medical Journal* has assumed the tripod and gives us promises of many good things to come.

The New Orleans Medical and Surgical Journal has completed its semi-centennial, and it is more vigorous and hardy than ever. We are somewhat older, but like our esteemed contemporary we are not yet decrepit, and hope that upon our mutual centennial celebrations the medical millenium may have arrived and no more subscribers be in arrears for their medical journals.

The North American Medical Review, of Kansas City, has assumed a red cover, but despite its lurid aspect it presents a handsome appearance and, as usual, is replete with interesting matter.

Travaux d'Electrotherapie Gynecologique is the title of a semi-annual publication recently issued in Paris, under the editorship of Dr. G. Apostoli. It is a magnificent work, the volume embracing 720 octavo pages, in which are to be found a large number of original communications and a complete review of the literature on the subject during the past year. Electro-therapeutics in gynecology is now a most important branch of treatment, and we are certain that this venture will meet with deserved success. The subscription price is 12 francs, the publishers being the Société d'Editions Scientifiques, 4 rue Antoine-Dubois, Paris.

Landmarks in Gynecology is the theme chosen by Byrne Robinson, to which subject he devotes a monograph in two volumes. The scope of the work may be appreciated from a bare enumeration of the landmarks, which embrace anatomy, menstruation, labor, abortion, gonorrhea and tumors. We see reflected in this work the ideas of the author's teacher, Lawson Tait, and he has done honor to the one who inculcated the valuable precepts of gynecology to him. The two little volumes are published by Geo. S. Davis, of Detroit, and form part of the Physician's Leisure Library, whose price is 25 cents per volume.

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### Melange.

Dr. Oliver Wendell Holmes, the incomparable, died recently full of years and honor. In our next issue we will reproduce the beautiful eulogy of Dr. Wm. Osler on his distinguished colleague.

Ocular Ballottement.—The diagnosis of fluid vitreous with floating opacities may be aided by a little method that is not usually laid down in the text books (*Med. News*). The retino-

scopic mirror is used in the same way as in indirect ophthalmoscopy. The patient has to be "trained" a little or carefully instructed in order to carry out the manipulation rightly, the essential point of which consists in halting a downward sweep of the eye suddenly and at such a point that the oculist can have a good view of the post-pupillary field. Direct the patient to look up to the ceiling and then to swiftly look at an object in front and on a line horizontal with the eyes, holding the gaze steadily there. If opacities floating in a fluid vitreous exist, this sudden "flip" of the vitreous chamber upward, followed by a sudden stoppage, flings the opacities upward, and with the ophthalmoscopic mirror they will be seen again to descend like snow-flakes falling outside of a window in the night. This method of diagnosis might appropriately be named ocular ballottement.

**Amputation Without Permission.**—According to the *Lancet*, a lawsuit lately took place in Germany in which the father of a girl aged seven years charged a hospital surgeon with assault—to-wit: "wounding with a dangerous instrument." The patient was under treatment for tuberculous disease of the foot. Conservative methods of treatment having failed, amputation was advised, but the father refused to give his permission. From a report in a contemporary it appears that the parent proceeded to the institution with the purpose of taking his daughter away, but when he arrived she was under the influence of an anesthetic, which had been administered with a view of amputating the foot. The surgeon in charge, on being apprized of the purport of the father's visit, is said to have remarked: "It is too late," and proceeded to amputate. There can be no doubt, if he was aware of the father's objection to the operation, the course he took was wrong both on legal and ethical grounds. When a mutilating operation is necessary to ward off impending peril of death, it would be absurd to have to wait for permission to resort to it, but in the case under consideration no such circumstance can well have arisen. The liberty and rights of the subject cannot be allowed to be over-ridden. Nevertheless, there may be much to extenuate the offense, and we cannot imagine greater mitigation than where there is conflict between a surgeon's judgment and a parent's feelings. The surgeon in question was acquitted, but it is said the cause is to be retried.

**Testimonial to Sir Joseph Lister from former Colleagues, Pupils and Well-Wishers.**—Sir Joseph Lister having recently retired from active hospital and teaching work, the occasion has been thought appropriate for presenting him with a testimonial of the esteem in which he is held by his former colleagues and pupils, and committees have, therefore, been formed in Glasgow, Edinburgh and London, for the purpose of raising the necessary funds.

It is proposed that the testimonial shall take the form of a portrait. Subscriptions have been limited to two guineas, and it is hoped that sufficient funds will be collected to permit of some memento of the occasion being presented to each subscriber of that amount.

As there are probably many surgeons who may wish to join in the movement, but whose names and exact addresses it has been difficult to ascertain, the undersigned wishes to state that subscriptions may be sent to him at 29 Weymouth Street, Portland Place, W. London, England, or to one or other of the following gentlemen, who have kindly consented to act as treasurers, viz.: Dr. James Finlayson, 4 Woodside Place, Glasgow; Professor Chiene, 26 Charlotte Square, Edinburgh; Professor William Rose, 17 Harley Street, London, W., England; Dr. Malloch, 124 James Street South, Hamilton, Ont.; or Mr. J. Stewart, M.B., Pictou, Nova Scotia.

Yours faithfully,

J. FREDERICK W. SILK,

Honorary Secretary.

P. S.—Two guineas are about \$10.23.

**“Suppress It!!!”**—Dr. Boneset in his annual address before the Medical Society of the County of Hardscrabble has certainly “done himself proud,” and this notable address should be read by every practicing physician who may be fortunate enough to secure a copy. The Arlington Chemical Company, under whose authority this address was allowed to be given (*Doctors’ Factotum*), has had it printed in full in book form, characteristically illustrated, so that it will become a source of instruction and at the same time an amusement to every reader. The title of the address, “Suppress It!!!” has been applied by the venerable doctor no doubt in good faith, and after having read it every fair-minded man would surely conclude that Dr. B. was

not mistaken when he decides that if such curing medicines as the liquid peptonoid preparations continue to be sold " 'Twon't be long before us ole doctors air a public charge, an' the people will hev to support us, if they don't now."

And possibly he did not realize what a compliment he was giving when he exclaimed: "An' then this here medicine seems to put the ole Nick inter the wimmen! It makes 'em sassy, an' when they get through their work, 'stead of layin' down and playin' they hev a headache, an' takin' things easy, an' sendin' for the doctor, they run out shoppin' an' spending money an' tearin' round, as if wimmen wa'nt poor weak critters that ought ter stay to home an' save up their strength so's they can work. Wimmen kinder need headache an' dispepsy to keep 'em from gittin' too worldly an' fritterin' away *their* time and money on dress an' church fairs, an' sich like."

**The Abuse of the Reprint.**—It is a courteous and commendable custom for an author who has written an article of real value to send reprints thereof to libraries for reference, to his friends for preservation, and to those pursuing the same line of investigation who might not otherwise become so soon acquainted with his researches. When, however, the reprint is used merely to advertise the fact that the writer is peculiarly skillful in a certain specialty it is less commendable; and when it is used to advertise Messrs. Enterprise & Paywell's Panacea, or some similar substance, it becomes anything but commendable. These thoughts are suggested by the receipt of a pamphlet, reprinted from a journal published in a neighboring city, and bearing the title "Functional \_\_\_\_\_," by X. Y. Z., M.D., Professor of \_\_\_\_\_ in the \_\_\_\_\_," etc., which publication, although ostensibly coming to us from the author, is quite evidently circulated as an advertisement by and at the expense of the firm whose "trademark" product is therein recommended (no doubt honestly) as a sovereign remedy for the affection in question. Apart from all questions of propriety, men who permit their names thus to be misused are very shortsighted. Their advice, however unjustly, comes to be looked upon with suspicion, as not wholly scientific and disinterested; and their reputation becomes upon a par with that of the "advance agents" of theatrical notorieties—an honorable reputation when one does not pretend to be other than an

advance agent. The advertising reprint and the reading notice are twin growths of the same poisonons root, and should be utterly condemned by thinking, self-respecting physicians.

**Nurses and Cigarette Smoking.**—The following neat bit is from the *Medical Press*: “A great deal of discussion has taken place recently upon the question of nurses smoking cigarettes. The commencement of it was due to some remarks of a ‘British Matron,’ whose daughter was wishful to become a hospital nurse. The lady in question described that, while making inquiries into the details of a nurse’s career, she happened to be traveling on a pleasure steamboat, and in the course of the trip she noticed a young woman in the uniform of a nurse chatting freely with two young men, and at the same time smoking a cigarette. This decided the question. The sight was deemed to be a demoralizing one, and from that moment she peremptorily forbade her daughter to entertain the idea of becoming a nurse. But a nurse’s uniform, as recent experience has abundantly shown, does not necessarily imply that the wearer of it is a nurse, and consequently most persons would be prepared to admit that the decision arrived at in this case was hasty and unwarranted. Nevertheless, if the young woman who scandalized the ‘British Matron’ was a nurse, we freely admit that it was an offence against good taste and her profession to have acted in public as she is reported to have done. The larger question, however, as to whether nurses should smoke cigarettes at all, is one which we cannot think calls for any serious comment. Obviously the habit is never likely to become general; but even if it did, provided that the nurses indulged in their ‘whiffs’ in the privacy of their rooms and suffered no ill effects therefrom, we are not prepared to concede that they would lay themselves open to blame for so doing.”

**Newspaper Medicine.**—The *Medical News* says: The daily press is creating quite a sensation upon the announcement of the treatment of diphtheria by means of toxins isolated from cultures of the diphtheria-bacillus. If our newspaper friends had followed the investigations that have been going on in this department of science for the last four or five years, or had taken the pains to have consulted any intelligent medical man who kept himself informed on the progress of his art, there would have

been no occasion for the sensational reports that have been published, and that can do only harm, just as occurred in the instance of tuberculin. Now the essence of the recent ferment is that a number of Koch's pupils, including Behring, Kitasato, Wassermann, Briege and Ehrlich, have for a number of years been at work upon the subject of isolating from cultures of diphtheria-bacilli a substance that they hoped would be capable, both of conferring immunity to diphtheria and of curing the developed disease, and from reports in current medical literature it would appear as if some measure of success had been attained in these directions. The line of work is no longer novel, and is comparable to that pursued by Pasteur these many years with hydrophobia; by Ferran, nearly ten years ago, and by Haffkine and others more recently with cholera; by Koch with tuberculosis; by E. Fraenkel with typhoid fever; by the Klemperers with pneumonia; by Tizzoni and Cattani with tetanus. The results, however, cannot yet be said to be final or conclusive, and it will be well to withhold a verdict until sufficient data have been collected on which an intelligent opinion can be based. The outlook for specific medication in the not very remote future is rather encouraging than otherwise, but there is no reason to believe that true scientific interests will be furthered by the periodic sensational discoveries of our friends, the newspapers.

**Chloroform versus Ether.**—The recent investigation of the Hyderabad Commission relating to chloroform, conducted by Dr. Lauder Brunton and Surgeon-Major Bomford, offered additional evidence—to these gentlemen at least—of the harmless qualities of this anesthetic. The facts established by these experiments were (*N. E. Med. Mo.*): That the fall of blood pressure, which is of itself harmless, is due to vaso-motor dilatation and not to heart failure; and second, that chloroform anesthesia under proper conditions is free from risk.

The only rules insisted upon are, that the respiration instead of the circulation should be carefully watched and that the drug should not be pushed beyond the point of complete anesthesia as shown by stertorous breathing and abolition of corneal reflex.

While our trans-Atlantic brethren may retain an unimpaired confidence in the action of this agent, the profession of this

country have an equally fixed conviction that it is not devoid of danger, and that the chief feature of the latter is its depressing effect upon the heart's action. While the results attained in the laboratory are entitled to due consideration, the extended experience of American physicians with both chloroform and ether speaks with no uncertain sound, and proves to our own satisfaction the decided superiority of ether as an anesthetic agent.

Undoubtedly chloroform administered by skilled hands is practically harmless, yet this affords no argument in favor of its use by the general practitioner, who in many instances has had little practical knowledge of its effect. Ether, however, has proven itself far better adapted to the needs of the ordinary physician, and an agent which seldom injures even when administered in the most careless and indifferent way.

**Aluminum for Military Uniforms and Equipments.**—The weight carried by the German infantry soldier, including emergency rations and 150 cartridges, amounts to 73 pounds, or a little more than half the weight of the average soldier, 143 pounds (*Jour. Am. Med. Ass.*). The field kit of the Russian infantryman weighs 65 pounds, of the French 63, of the Austrian 63½ and of the Italian 57 pounds. Medical authorities are said by military writers to have proved that a man cannot, for any length of time, carry more than one-third of his own weight without impairing his powers of action. Professor Fraentzel, of the Berlin University, in examining a number of men who had fought in the Franco-Prussian war, found many affected with heart disease due to the severe strain of forced marching with the full kit. Influenced evidently by these considerations, the German Emperor directed inquiry to be made to ascertain how the weight of the field kit could be reduced. The experiments were made during the autumn maneuvers of the present year, and as a result it is said that the weight to be carried by the German soldier hereafter will be about 57 pounds. A good deal of this lessened weight is due to the substitution of aluminum for brass or other heavy metals. The aluminum canteen, cup and individual cooking vessel have, according to the notes of our Military Information Bureau, been in use in the German Army since 1893. Aluminum has been adopted for the buttons of the shelter tent and for the sockets of its poles, as also for the boxes to contain the field ration.

A patented alloy of the metal, known as Victoria aluminum, whose component parts, the manufacturer claims, cannot be determined by analysis, is said to have a much greater tensile strength than the pure metal and to have a specific gravity of 2.8 to 3.4, according to its hardness, as compared with 2.7, the specific gravity of aluminum. Horse-shoes of this alloy are said to have been found satisfactory, but have not as yet been definitely adopted. Stirrups identical in appearance with the large steel hunting stirrups, stood the test for strength, but the criticism against their adoption was that their lightness made it difficult to recover them when the foot slipped out. Curb bits failed to meet the service requirements on account of the side bars bending; but snaffle bits appear to be unobjectionable. Could the proper tensile strength be obtained in bits of this metal they would undoubtedly supersede those of harsher metals, as the former is comparatively soft to the touch, not affected by cold in the same degree and easier to keep clean. The results of the trials of uniform buttons of aluminum have not yet been made known. These buttons are three times lighter than the old metallic ones. While the gain in lightness on the individual soldier will be small, the reduction in weight would be quite an appreciable saving in war transportation, etc. Spoons and forks of this material have not only the advantage in weight, but also from the fact that no deleterious compound is formed, in comparison with forks, etc., of iron, tinned iron or German silver. The new alloy, it is said, contains no lead and does not rust or produce verdigris.

**Sexual Perversion in the Female.**—Dr. J. G. Kiernan states that while the victim of congenital sexual inversion cannot be regarded as a lunatic, nor as criminally nor civilly irresponsible, still there exists a peculiar psychical state closely akin to that of the hysterical or sexual neurasthenic (*Med. Standard*). It is in just such conditions that suggestion and other phases of psychotherapy have been found of value. There is an undue exaltation of the "ego," together with abulic tendencies. There is a pretty prevalent tendency on the part of these anomalies to regard themselves as "interesting invalids" to whom sympathy is a duty. This notion, rather prevalent at present among them, is decidedly opposed to proper management. He cites the case of a 22-year-

old girl who had a neurotic ancestry on the paternal side. Her face and cranium were symmetrical. The patient had always liked to play boys' games and to dress in male attire. She felt herself at certain times sexually attracted by some female friends with whom she indulged in mutual masturbation. These feelings came at regular periods, and were then powerfully excited by the sight of the female genitals. The patient in the interval manifested only repugnance to attentions from men. She had been struck with the fact that while her lascivious dreams and thoughts are excited by females, those of females with whom she has conversed are excited by males. She, therefore, regarded these feelings as morbid. At times she had imperative conceptions, such as that if she turned her head around she would break her neck. To avoid this ideal danger she at times carried her head in a very constrained position. This patient was treated as if afflicted by nymphomania. The usual balneotherapeutic and other anaphrodisiac measures were employed, and at the same time a course of mental training was instituted.

For a long time the patient was enabled to keep the feeling under control, and it was for some years quiescent. The patient latter formed a friendship with a woman of like literary and musical tastes. This friendship became a perverted love, and the two were almost inseparable. To secure the companionship of her friend the patient was induced to marry the friend's brother. The union was not congenial to the patient, except that it secured the companionship of her friend. Sexual intercourse excited perverse images, in which the husband (who resembled the sister) appeared as another sister. Under these images the patient endured and even enjoyed sexual intercourse, and conceived a languid liking for her husband, who was much attached to her and his sister and chivalrous in his kindness to them. These relations lasted some years, the esteem and liking of the wife for the husband increasing, but palling before the deep, though perverted, affection for the sister. The sister died from an acute attack of pneumonia, devotedly nursed by both wife and husband. The marriage had been unfruitful, but less than a year after the sister's death a daughter was born who much resembled her. The wife's esteem passed through love of the sister, to intense maternal love of the daughter, as resembling the sister; through this to normal love of the husband as the father and brother. The con-

genital tendency to females is now entirely kept in check by this love. The denouement in this case and the mental phenomena indicate that there is entirely too much sympathy wasted on these patients, since sympathy to them is as poisonous as to the hysterical, whose mental state is very similar. Insistence on the morbidity of the pervert ideas and prohibition of sexual literature as in the sexual neurasthenic, together with allied psychical therapy, and anaphrodisiac methods, cannot but benefit. These patients, like the hysterical, will not "will" to be cured while they are subjects of sympathy.

**The Malicious Use of Snake Poison.**—We read the following in an exchange: The tales of India are replete with references to wonderful and subtle poisons which act swiftly, surely and secretly, leaving no trace but the fate of their victim. Such were the fabled poisons of the East. Modern research, while it is destructive of much that is romantic in our knowledge of the past, is in this respect coming to the support of fable; for recent investigations point to the fact that these poisons may have been and probably were real, and not the exaggerated fiction of the story-teller. The modern application is less thrilling, to be sure, than in the tales of rajahs and princesses; for it is cows that suffer, and from dead cattle that the secret has been won.

The *New York Medical Journal* gives the following abstract of an editorial in the *Indian Medico-Chirurgical Review* of last July upon this interesting subject. The editorial states that:

"It is not at all unusual for the various chemical analyzers' departments to receive pieces of rag removed from the rectums of dead cattle, and alleged to have been used for poisoning them. These rags have been received in Bombay and elsewhere, and on account of the non-detection of any of the known poisons the materials have been thrown away. The late Dr. Norman Chevers alludes to such cases, and quotes them as examples of the 'ignorant suspicions of the peasantry.' But it was reserved for Mr. Hankin to discover the fact that these suspicions were well grounded, and that the rags did contain one of the most virulent of animal poisons, for the extraction of which not a little ingenuity had been used by the ignorant and low-caste *Chamar* of India. In his late report, the article goes on to say, Mr. Hankin describes how, after failing to detect any poison in a

rag sent to him, he boiled a piece of it in nitric acid, and, on the liquid turning yellow, it struck him that the change of color was an indication of the presence of proteids, and he thought that snake poison might be present. He then injected a watery extract of about a square inch of rag into a rabbit, and the animal died with all the symptoms of snake-poisoning within about five minutes. By other tests, chiefly of a negative kind, he came to the conclusion that the intensely active poison found to be present was proteid in its nature, and very probably identical with snake-poison. Mr. Hankin subsequently communicated with Sir Joseph Fayrer, who stated that snake venom would be just as poisonous when placed in the rectum as when inserted under the skin, for it could be readily absorbed by any mucous membrane, and that it was only in the stomach that it became inert on account of the acidity destroying it. He also described a method of extracting snake-poison as follows: A cobra is confined in a *chattie*, underneath which a fire is lighted. A plantain is then put into the *chattie*, and the snake, being irritated by the heat, bites the plantain, which becomes thoroughly impregnated with cobra venom. But Sir Joseph Fayrer did not know for what purpose such a poisoned plantain could be used.

"Mr. Hankin found that the rags impregnated with snake-poison were smeared over with a whitish, putty-like substance, the nature of which he was not able to determine, but which, from experiments made by him, appeared to possess the same physical characters that crushed and dried plantains would have when spread on a dirty rag. Thus it seems that Mr. Hankin's original surmise was correct, and he has been able to discover this unique method of destroying cattle.

"The question naturally arises, whether snake venom has ever been used for poisoning man. Could any of the many mysterious deaths in India and elsewhere be thus accounted for? Could analogy lead to the solving of the problem of the poison employed to get rid of some hated enemy, who, it is said, used to succumb after a mere friendly hand-shake, or from a scratch of a nail conveniently placed on a window-sill? These are some of the thoughts suggested by Mr. Hankin's interesting report, and it might be well for him to follow up this discovery, and see whether human ingenuity would go so far as to utilize the poison on the human being."

## Miscellaneous Notes.

**Another Honor.**—We are more than pleased to say that, at the last Antwerp World's Fair Exposition, Messrs. Wm. R. Warner & Co., Philadelphia, were awarded the grand prize for the purity and excellency of their preparations. This is certainly a high tribute to the worth of their preparations and is, evidently, a most marked appreciation of American pharmaceutical products.

**Since their introduction the Hypophosphites** have firmly maintained their hold on professional and popular confidence, and to-day are prescribed alone and in combination by more physicians than any other remedy. This is strong testimony to their superior worth, because of their fine tonic and constitutive properties which have been and will continue to be a means of relief and strength to thousands. McArthur's Syrup Hypophosphites (Lime and Soda) Comp. is a reliable preparation, worthy of trial. If a stimulant is needed you may add it. It isn't there when you do not need it, as McArthur's Syrup is simply a tissue builder, a permanent tonic.

**Tongaline in Rheumatism.**—“Whilst I was in the army during the war, I contracted rheumatism and neuralgia, and at intervals have suffered intensely since that time. Can truthfully state that Tongaline is the only remedy that has made my life worth living, and I have never found any agent to relieve me as quickly and thorough as Tongaline.”—H. M. IVES, M. D., Parksville, N. Y.

**Fats and Oils.**—If the digestive organs of your patient are unable to digest and assimilate fats and oils, then he needs Seng, two or more teaspoonfuls before each meal. No person will have consumption whose digestive apparatus is able to digest fats and oils.

**Ponca Compound.**—“I have prescribed Ponca Compound extensively for a class of troubles where the uterus, ovaries or vagina were involved, and found it the best general alternative for such purposes that I have ever administered. For many of these troubles it seemed to be a specific. In difficult menstruation it is a veritable godsend, and even in displacements it gives great assistance to nature in correcting abnormal conditions.”—J. G. A. DAVIES, M. D., Canaseraga, N. Y.

**Coca Erythroxylon.**—We need not enter into a full description of the history of the Erythroxylon Coca, as we believe that most medical men are fully acquainted with the principal facts concerning the plant. We may, however, recall to mind that the leaf is the only part of the plant used. Very much depends, therefore, upon the plucking of the leaf, and the time at which it is plucked, the subsequent care of the leaf being matter of considerable importance, and affecting very materially the preparations made from it. M. Mariani was the first in Europe who took up the study of the plant, and over 30 years ago commenced manufacturing for the medical profession the various specialties associated with his name, viz., “Vin Mariani,” “Elixir Mariani,” “Pate Mariani,” “The Mariani,” “Pastilles Mariana,” etc., preparations which are known all over the world, and which have acquired their well-known reputation by their purity and efficacy. The stimulating and strengthening property of the leaf in its natural state has

been tested by experienced travelers and botanists during several centuries, and it is this invigorating property which the physician wishes to bring into use, and which he is enabled to do in a palatable form by means of "Vin Mariani," this wine being indicated where there is great depression, long continued exhaustion, and where a special stimulative action is desired. "Vin Mariani" is agreeable, palatable, imparting by its diffusibility an agreeable warmth over the whole body, and exciting the functional activity of the cerebro-spinal nerve centres. We have frequently prescribed this wine, and we can from practical experience recommend it.—*The Provincial Medical Journal, London, Eng.*

**The Practitioner** often comes in contact with women suffering with uterine troubles of an obscure character, accompanied by pains and aches, and a general feeling of lassitude and debility. In these cases Aletris Cordial is especially valuable.—*Chicago Med. Bulletin*.

**Kennedy's Extract of Pinus Canadensis**, which is now made by the Rio Chemical Co., of St. Louis, has long been known in this country, chiefly from the endorsement it received from the late Dr. Marion Sims, as an efficient astringent and alterative when applied to mucous surfaces. It now seems to be coming into extensive use in England, where many medical men have reported excellent results with it in various catarrhal difficulties.

**Peacock's Bromides.**—I will unhesitatingly say that I consider Peacock's Bromides much superior to the ordinary bromides, and the Chionia I believe to be an extremely successful preparation or a very valuable therapeutic agent. I have used both with excellent success.  
—JOHN J. SHAW, M. D., Plymouth, Mass.

**A Gentle Laxative.**—The profession as well as the public have long appreciated the importance of a simple laxative. Time out of mind remedies have been in every-day use in the home for this purpose, but it remained for the California Fig Syrup Company to furnish a pleasant, potent, perfect laxative, safe to be used in the home of members of the family of all ages.

The company has frankly informed the medical profession that the chief laxative ingredient of their compound is senna, so treated that all tendency on its part to gripe and produce irritation and subsequent debility in the bowels is removed. The chief feature claimed by the company for their Syrup of Figs is the fact that the component parts of the product have all disagreeable taste disguised by a mingling of aromatic carminatives in such a way as to make it really pleasant to the taste; and these aromatics at the same time overcome all disposition upon the part of the drug to pain and discomfort; and carrying as it does the stamp of the company's responsibility, it is always reliable and uniform in its effects.

It is conceded by every practical physician that a family laxative is one of the few medicinal agents which they will entrust to family use, and surely anything which will tend to assist in the relief of that *bête noire* of child and adult life—constipation—is a helper in the direction of general healthfulness.

The medical profession has not only consented to the use upon the part of the families under their care of Syrup of Figs, but when desiring to order gentle purgatives and simple laxatives they cheerfully specify in their prescriptions the product referred to; and the wonderful success of this gentle family laxative is largely owing to its universal use by the medical profession.—*Medical Mirror*.

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## Original Communications.

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THREE CASES OF ABDOMINAL SECTION FOR TRAUMATISM.\* By  
ROBERT G. LE CONTE, M.D., Philadelphia.

Gentlemen:—I wish to report to you this evening three cases of abdominal section for traumatism. They all occurred at the Pennsylvania Hospital, and I am indebted to the kindness of Drs. Ashurst and Packard for the permission to report them, for whom I was substituting at the time in the wards. The first, C. I., an Italian laborer, aged thirty-five, was brought in by the patrol at 7:30 p.m., August 2, 1893, in a condition of profound shock. He had received four wounds from a 38 caliber revolver. The first had penetrated the abdomen in the left lumbar region, on a line with the umbilicus; as he turned to run away he received a second in the left side, between the twelfth rib and the crest of the ilium; the third penetrated the back in the left lumbar region, and the fourth passed through the right arm at the upper third. Hypodermics of strychnine and digitalis were given, with external heat, etc. When his temperature began to rise he was immediately placed under ether. The abdomen was opened in the median lines, and the cavity was found full of blood. Fifteen perforating wounds of the intestine were brought

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\*Read before the College of Physicians of Philadelphia.

together with fine silk by means of the Lembert suture, and four wounds of the mesentery, in which the bowel was not involved, were stitched together, besides a few nicks in the bowel which had not penetrated to the mucous coat. A hasty examination of the spleen, stomach, and liver was made, and as far as I could tell they had not been wounded. As the urine came clear from the catheter it was inferred that the kidneys had not been touched. The abdominal cavity was then flushed out with warm distilled water that had previously been boiled, until the fluid ran clear, a glass drain inserted, and the abdomen closed with silkworm-gut sutures, the fascia being brought together with a continuous catgut suture. During the etherization the patient's condition was very bad, and hypodermics of strychnine and digitalis had to be repeatedly given. The operation lasted not quite two hours. At the conclusion his temperature was  $97\frac{1}{2}$ ° and the pulse was almost imperceptible. The treatment consisted of strychnine, brandy, and digitalis by hypodermic, and nothing was given by the mouth. At 3 A.M. the temperature had risen to 101°; pulse 96 and weak; respiration 30. He was delirious and very restless, and he had to be strapped and morphine given. At 10 A.M. his condition had improved. Temperature had fallen to 99°; pulse 110 and stronger; respiration 24; and he was quiet and his mind was clear. During the night the glass drain had been sucked dry every ten or fifteen minutes with a syringe, and the quantity of blood or bloody serum withdrawn amounted to about an ounce an hour. This gradually diminished to half an ounce by morning; urine was passed free from blood.

At 4 P.M. his temperature was  $98\frac{1}{2}$ °; pulse 114, and respiration 22. The abdomen was moderately distended, and there was frequent belching of wind, but no vomiting. No flatus had been passed. Towards evening the temperature began to rise, the pulse became weaker, delirium set in, and the patient slowly grew worse until death intervened the next day at noon, thirty-seven hours after operation. The post-mortem examination was made by the coroner's physician, and as I was not present I only have the few notes made by him. Two of the bullets were recovered; one had entered the liver from behind, passed through it and lodged in one of the short ribs on the right side; the other was found just under the omentum near the stomach. None of the stitches in the intestines had given away, and no extra perforations of the bowel were found.

Both of the other cases occurred in colored men, stevedores by occupation, strong and beautifully muscled specimens of manhood.. They were admitted on the evening of the 10th of last February. The younger, Alex C., aged twenty-three, was stabbed in the abdomen a little below the umbilicus and about three inches to the right of the median line. The wound was a little over an inch long on the skin surface, and a small piece of omentum was protruding from it. There was very slight shock. The patient was immediately etherized, the abdomen opened in the median line, the omentum withdrawn through the median incision, the protruding portion ligated and cut off. The small intestine and caecum with part of the ascending colon were next examined and no wounds found. The stab-wound was closed with two silkworm-gut stitches, the peritoneum washed out with warm, boiled, distilled water, and the abdomen closed without drainage with silkworm-gut sutures, the fascia being brought together with a continuous catgut suture. The next day his temperature rose to  $100^{\circ}$  and then fell to normal; and he made an uninterrupted recovery. The stitches were removed on the ninth day and the wound was entirely healed.

The elder, Frank W., aged forty, also had a stab-wound in the right upper hypogastric region, about two inches from the median line. He had had free hemorrhage from the wound, as his clothes were partly saturated with blood. The cut on the skin surface was a little less than an inch long, and after enlarging it slightly my finger readily passed into the abdominal cavity. There was but little shock. The patient was etherized and the abdomen opened in the median line. A quantity of arterial blood immediately presented. The bowel and the omentum were carefully examined and no wounds found. It was then concluded that the deep epigastric artery had been severed, and as I did not think it desirable to enlarge the stab-wound, two deep sutures were passed on either side of it, through the peritoneum, and tied. The stab-wound was then closed with silkworm-gut, the peritoneum washed out, and the abdomen closed in the same manner as in the previous case. As I was not absolutely confident that I had checked all the hemorrhage, and thought it possible I might have overlooked some bleeding point, a glass drain was let in. The tube discharged about  $\frac{f}{2}$  ss. an hour of bloody serum during the night, and then gradually diminished in quantity. The next day his

temperature went up to  $101\frac{1}{2}$ ° for a few hours, but soon fell to normal again. On the 17th, seven days after operation, he developed a mild delirium which was thought to be alcoholic, and he was placed on the ward delirium tremens mixture. This subsided on the 23d. On March 3d he was allowed to get up, the wound being healed, except for a small superficial ulceration, the remains of the tract formed by the tube.

I should like to present the following points for consideration this evening:

1. That the surgeon must assure himself absolutely that the peritoneal cavity has been opened before proceeding to operate, either by means of the finger or probe, or the protusion of some of the abdominal viscera or contents of the viscera. If the wound is so small that this cannot be demonstrated, it must be enlarged with the knife, until it is proved either to have penetrated or not to have penetrated.

2. That as speed is such an important factor in these cases, and that the patient's chances of recovery often diminish proportionately with the length of the operation, I would advocate the median incision in all cases except where the liver has been manifestly injured, because the abdominal cavity can be opened more quickly and more bloodlessly in the median line, and a more thorough search of all the organs can be made in a much shorter time than from any other incision, and also because the wound can be more quickly closed and with less danger of a future hernia resulting.

3. The abdomen having been opened and a number of wounds of the intestines found, I would advise that two surgeons should work at the same time, sewing up these perforations, using the continuous or running Lembert suture as a means of saving time, the rest of the intestines being covered with hot cloths to prevent shock. Fine twisted silk is the best suture for this purpose, and the needle must be smooth and round, without sharp edges.

4. I would recommend the flushing out of the peritoneal cavity with a warm solution as a means of cleansing it from clots, blood, etc., as a means of reducing shock, and also because it allows the intestines to float and to resume as nearly as possible their normal position in the abdominal cavity. This solution should be warm water that had previously been sterilized by boiling,

containing seven-tenths of 1 per cent. of salt, as the blood when freed from its solid constituent represents most nearly a seven-tenth of 1 per cent. salt solution both in its reaction and specific gravity. It is a well-known fact that two fluids of different density and reaction, when separated by a thin animal membrane, will mingle by osmosis, and that pure water will in such case abstract the salts from the blood, causing a primary blanching of the membrane, soon followed by a secondary hyperemia, with injection of its vessels. If the eye be washed with pure water, an injection of the vessels of the conjunctiva will follow; but if a little salt is added to the water, no injection will result. It is easy to conceive that the action of pure water on the conjunctiva would also follow in the case of the peritoneum, and experiments on animals has proved this to be a fact.

5. Unless the operator is certain that he has checked all hemorrhage, and that there is nothing more than slight oozing present, I would recommend the use of a glass drain, believing that the dangers of infection through the tube are much less than from a small collection of bloody serum, a most acceptable medium for any septic material which may not have been removed by the flushing out of the cavity. The drain should not remain in more than thirty-six or forty-eight hours, as in that time lymph has been thrown out from the adjacent peritoneum, glueing the tissues together, so that a perfect tube-tract has been formed, after which the tube is more dangerous than advantageous.

6. That the incision should be closed by passing a set of silk-worm-gut sutures entirely through the abdominal wall, from skin to peritoneum, and, before these are tied, stitching together the fascia with a continuous catgut suture. As the fascia is by far the most important structure in the support of the abdominal contents, it is necessary that its edges should be neatly and closely approximated, and for this purpose a moderately thick catgut suture, which is allowed to remain buried in the tissue, gives the best results. The stitches through the abdominal wall will bring the peritoneum together just as well as when it is separately sewed, and saves the time that this extra row of sutures would require. For this purpose silk-worm-gut is preferable to silk, as it is not irritating and non-absorbent, while silk acts like a drain, carrying the discharges through the whole course of the wound. If these discharges at any time become

septic a stitch-abscess results. The stitches should remain in eight or nine days, after which the wound is supported by adhesive straps; and when the patient is allowed to get up, not before the twenty-first day, an abdominal supporter should be worn for several months. If the patient is much beyond middle life the supporter may have to be worn for years.

Lastly, the after-treatment of the patient. As the wounding of the bowel and the necessary handling of that viscus in sewing up the wound and examining it for further perforations causes paralysis of the gut, with its concomitant distention from gases, the after treatment should be directed toward the relief of this distention and the overcoming of the paralysis, as to my mind there is far more danger of the sutures giving away from this over-distension than there is from any peristaltic action that can be induced. Secondly, paralysis of the gut favors ptomaine absorption, and the sooner this paralysis is overcome and the poisonous substances swept out of the alimentary tract the greater are the patient's chances of recovery.

I would therefore advocate the use of salts, because they excite peristalsis, relieve the distention, and sweep the ptomaines out of the alimentary tract, besides drying the peritoneal cavity, and thus removing a possible source of septic infection. I believe the exhibition of opium to be strongly contra-indicated, as it increases the paralysis of the bowel, allows the tension on the stitches to become very great from over-distention, and favors the absorption of ptomaines. Of course, there are a certain number of cases where restlessness is marked, and where the dangers of its exhausting the patient are so prominent as to make it the cardinal symptom to combat. In these cases morphine must be given by the hypodermic until quiet is obtained.

To sum up, my treatment would be as follows: Strychnine, brandy, and digitalis by the hypodermic, water containing a little salt, by the rectum, to quench thirst. Six hours after the operation one-half grain doses of calomel by the mouth for six consecutive hours, and then drachm doses of epsom salts every hour, given in as concentrated a form as possible, until the bowels are moved. No food until the functions of the bowels are well established, and then milk only in small quantities often repeated. I have seen the bowel twice ruptured in the removal of abdominal tumors, owing to its strong adhesion to the growth.

In each case it was promptly sewed up, and the removal of the growth proceeded with. The patients were placed on the usual treatment of calomel, followed by salts, and each made an uninterrupted recovery. On talking this over afterward with the operator, he stated that when the adhesions were so strong that it became a question of rupturing the bowel or not removing the tumor, he always chose to rupture the gut, as he had never had any bad results follow, or seen a single symptom which could be attributed to this rupture.

In conclusion, I believe the three great causes of death in these cases are shock, ptomaine absorption and peritonitis, in the order named, and that the treatment should be successively directed against them.

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CASE OF GUNSHOT WOUND OF ABDOMEN AND LUNG.\* By LEWIS  
W. STEINBACH, M. D., Philadelphia..

A. H., aged thirty-six years, white, a Philadelphia police sergeant, was admitted to the Polyclinic Hospital August 30, 1894. Twenty minutes previous to admission he had been accidentally shot in the abdomen by a 44-caliber pistol.

His temperature on admission was 98°, pulse 60, respirations 28. He was weak and faint, although externally he had not lost much blood. With the assistance of two officers he had walked from the place of shooting to the hospital, comprising several blocks.

Patient complained of some pain around umbilicus; and was unable to void his urine.

The history obtained from the patient states that he was sitting in a chair while the person who shot him was standing to his right, the pistol pointing slightly to patient's left. On examining the abdomen a small wound one-quarter inch in diameter was seen two inches below and to the right of the umbilicus.

After cleansing the part a probe was gently inserted into the wound, and it was probed in all directions. The muscles had been torn up in several directions, so that this was not satisfactory, although there seemed to be a track in an upward direc-

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\* Read before the College of Physicians of Philadelphia.

tion and to the left, which from the history seemed to be the true course which the ball had taken. A small quantity of sterile water was then injected into the wound ; but, as it returned, it could not be made out that the abdominal cavity had been entered, although this was what was thought to be the case.

Upon consultation with three of the hospital surgeons, it was decided to etherize the patient, follow the upward track, and if the abdominal cavity had been entered, to do a celiotomy in order to ascertain the extent of injury.

Patient was etherized, and after all antiseptic precautions had been taken, a grooved director was introduced into the wound, and after some little trouble, as the track was irregular, it was laid open to about an inch in extent. Upon pushing the director further it entered the peritoneal cavity. The consensus of opinion was to do a laparotomy. A three-inch incision was made in the median line, and upon opening the peritoneal cavity a considerable quantity of blood escaped through the wound. The intestine was carefully examined, and nine perforations made by the bullet were found. These were principally in the lower part of the jejunum and the ileum. One was wholly in the mesentery, while the others chiefly lay at junction of it with intestine; and it was from these that the greater part of the blood was oozing. The colon was not perforated.

The various perforations were sutured with Lembert suture, silk being used. After carefully going over the small intestine they were replaced and the abdominal cavity thoroughly washed with warm sterile water until all blood and clots were removed, and the fluid returned clear. A glass drainage-tube was placed in the lower part of the wound, and silk-worm gut sutures introduced, closing the incision. The ordinary antiseptic dressing was applied.

The bullet had not been found, but was thought to have taken an upward course to the right of the spinal column.

The operation was a long one, and it was found necessary to administer strychnia and atropia to combat the shock. Temperature after operation was 99.8°; pulse, 120; respiration, 28.

The patient came out of the ether and seemed to rally; but during the evening his pulse became weak, thready, and very rapid, reaching 156 by 9 p. m. The temperature kept rising slowly and steadily, until 3 a. m. it reached 102.4°. About 3 iv.

fluid blood and serum was obtained through the drainage-tube. It did not clear, though it lessened in quantity toward morning. It was also noticed that the patient coughed up a small quantity of a dark chocolate-colored fluid. Stimulating treatment was kept up during the night. He complained greatly of thirst, was extremely restless, it being with difficulty he was restrained in bed. But at no time did he complain of pain.

The pulse became weaker and weaker, and at 8:36 o'clock the morning following operation he died. Temperature taken half an hour previous to death registered 105.6°.

An autopsy was held by the coroner, and it was found that the bullet had pursued an upward course after striking the spinal column, passing beneath the diaphragm, rupturing some of the vessels at the root of the right lung, which was engorged with blood. The right pleura was filled with blood. There was also blood in the abdominal cavity, due to rupture of small vessels in liver tissue. The intestines looked ecchymotic in places; but the places that had been sutured showed commencing union. The bullet was not found; but traced to muscles of the back.

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**The Dangers to which Physicians are Exposed** in the performance of their professional duty, particularly when required to be out at night, are forcibly illustrated by a recent experience of Dr. A. M. Phelps, of New York (*Med. News*). Returning home at about 5 o'clock in the morning, after having responded to a messenger call, he stopped at a public house for a sandwich, and while making payment was jostled by three men, one of whom abstracted a roll of bills from his pocket. With the aid of a policeman the fleeing culprit was caught and placed in durance. At the hearing before a justice the statement was made that Dr. Phelps presented "the appearance of being drunk and was under the influence of liquor." The policeman who made the charge was, however, unwilling to affix his signature to the written statement, which Dr. Phelps indignantly repudiates and which appears to have been entirely without foundation. Dr. Phelps' denial of the imputation against him is scarcely necessary, for in a question of veracity little credence would be given the word of a New York policeman.

CASE OF GUNSHOT WOUND OF LIVER AND LUNG.\* By THOMAS S. K. MORTON, M.D., Professor of Surgery in the Philadelphia Polyclinic.

A boy aged nine and a half years was admitted to the Pennsylvania Hospital September 11, 1894, with a history that he had been shot by a 32-calibre revolver at short range but a few moments previously. I saw him almost at once after admission, and found a bullet wound one-and-a-half inches below and half an inch to the left of the ensiform cartilage. He was not especially shocked. Was said to have vomited considerable blood, and complained of great pain in the epigastrium. Abdomen not distended.

Ether was administered and perforation of the abdominal cavity proved by enlarging the bullet wound slightly and passing a probe. Having thus made certain that the peritoneum had been entered, an incision was made in the median line from the ensiform cartilage downward for four inches. Upon laying open the peritoneum much fluid blood and some large clots flowed out. It was found that the ball had passed through the right lobe of the liver, two and a half inches behind the anterior margin, then emerged just above the gastro-hepatic omentum, had almost totally destroyed the lobus spigelii, then had torn a large hole in the lesser omentum, again perforated the peritoneum, struck the first lumbar vertebra, and became lost. Blood welled up in large quantities from the posterior peritoneal opening, mostly venous, but partly arterial. A finger tip only could be passed into this wound. There was no wound of stomach or intestines. The wound of the right lobe, as well as that of the spigelian lobe of the liver, was not bleeding. A column of iodoform gauze was carried down so as to block the wounds of the lesser omentum and posterior layer of the peritoneum, and at the same time to press upon the mutilated spigelian lobe and posterior or exit wound of the right lobe of the liver. The packing was continued and brought out through the parietal wound. The wound of entrance into the right lobe was not interfered with. The abdominal wound was now closed around the gauze drain after copious irrigation of the surroundings with hot salt solution. As it was suspected that much blood had gravitated into the pelvis and

\*Read before the College of Physicians of Philadelphia.

lower portions of the abdomen, which could not readily be washed out by irrigation from above, it was determined to make a small opening above the pubis for that purpose and to put in a drain-tube. Accordingly, a half-inch incision was made just above the symphysis, and much fluid blood and clots were washed out through it by means of a long irrigator tube. A glass drain was carried through this wound down to the bottom of the pelvis, to serve as an index should further hemorrhage take place into the abdomen. But, despite all efforts to the contrary, the lad died in a few hours.

At the post-mortem examination it was discovered that the ball had passed between the aorta and vena cava, and perforated the right crus of the diaphragm before striking the first lumbar vertebra. In the latter it cut a large groove, and was deflected upward and outward through the pleura, and into the substance of the right lung, where it was found imbedded. The lower lobes of this lung were distended by blood, and over a quart in addition filled the pleural sac. No wounds of other viscera were discovered. There was no blood in the abdominal cavity.

Upon careful inquiry after death I ascertained that the reported vomitting of blood had been incorrect; that in reality he had coughed up and not vomited it. No especial examination of the chest was made before operation, and no signs appeared to call attention to that locality. But the bleeding thereinto was unquestionably the immediate cause of death. Had the ball not wounded the lung I believe that the boy would have had a very good chance of recovery afforded him by the operation.

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**How's This?**—Once upon a time it was believed that to have your neck broken death was inevitable; but with the recent learning and modern thought and facilities it has been found out that this misfortune can be treated and the broken fragments replaced as in other parts of the body. An exchange gives the following:

"Here is the sequel to a story of much medical interest mentioned in an earlier issue of the journal. Last year, while attending the World's Fair, William Lewis received a broken neck by being accidentally shot by his sweetheart. This week the steel frame that had supported his head since was removed, and he is apparently recovered. He went to Topeka, Kas., yesterday, and is expected to return home with the bride who a year ago came near causing his death."

**DESTRUCTIVE LESIONS IN ACUTE TUBAL INFLAMMATION.\* By  
GEORGE ERETY SHOEMAKER, M.D., Philadelphia.**

So much attention has been given to the clinical history and treatment of tubal and ovarian inflammation that the matter might seem to have been exhausted. Yet cases are not uncommonly appearing where the extensive character of the destructive processes going on has evidently not been realized. It is not every case which tends to recovery on expectant treatment, and it is worth while again and again to call attention to what may occur; if only to induce more men to use eye and hand in diagnosis, instead of relying altogether on clinical history.

So much attention has recently been given to the subject of appendicitis, that the rapidity with which its tissue may break down and the surrounding peritoneum be infected, is becoming widely understood, and a prompt appeal is now commonly made to physical examination; and, in the event of doubt, to the highest court available.

The present object is to present again the fact that inflammation of the tube also may be rapidly destructive, with the formation of pus in quantity great enough to endanger life through softening and rupture of its limiting wall whether that pus be highly infective or not.

The analogy between the appendix and the tube is not without interest. Both are free in the peritoneal cavity, supported along the edge of a membranous fold; both have muscular, mucous, and peritoneal coats.

They are not unlike in size, though varying greatly; while as to situation, the right tube lies very near and often in contact with the appendix, being frequently involved in the same inflammatory process. They are exposed from within to diverse forms of infective bacteria, but either may be infected from the other after adhesions have formed.

Catarrhal inflammations which do not go on to pus formation or degeneration of tissue occur in both structures, but more frequently in the tube, owing to its greater vicissitudes from situation and function.

The very rapidly progressive inflammations, however, going on to gangrene, rupture and death from peritonitis within three or

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\*Read before the Philadelphia Co. Med. Soc.

four days, are relatively common in the appendix and rare in the tube, the destructive process usually taking much longer in the latter case, though everything depends on the character of the infection. A rapidly fatal case with gangrene of the tubal mucous membrane is mentioned by J. Bland Sutton.\*

One cause of this difference is mechanical. In the case of the appendix, a hard body, usually fecal, just fills the lumen before the attack begins. The swelling of the mucous membrane makes the lumen too small for the body inside; pressure results which, aided by the ever-present bacterium, in a few hours causes strangulation and local death. In the tube, on the other hand, there is no foreign body and no local pressure, rupture occurring later at a point gradually thinned by diffused pressure and local degeneration.

Another reason for the relatively greater protection of the general cavity of the peritoneum in the case of the tube is anatomical.

Between its peritoneal covering and the muscular coat is a quantity of loose connective tissue, which, becoming thickened and distended by inflammatory cell infiltration, greatly strengthens the natural barrier against infection from within in the early stages of the disease, and gives time for the formation of adhesions without. In a tube from one of the cases reported this can be well seen. The wall near the uterine end has been cut partly through, and the outer or connective tissue envelope, about an eighth of an inch in thickness, is peeled back, showing the central rod-like portion undistended and still intact. That portion of the tube is not irretrievably injured in all probability. In some acute cases the same process is seen in the broad ligament, which, after all adherent structures are removed, remains half an inch or more in thickness instead of only a line or two. The cellular tissue between the folds of peritoneum have been infiltrated. It has occurred to the writer to observe this condition best marked in subacute cases which have followed puerperal infection. There is a sense then in which what was once called "cellulitis" really occurs, though the ideas of pelvic pathology formerly held have been so largely proved to be erroneous.

Where salpingitis goes on to pus formation, the sequence of events is frequently as follows: The abdominal end of the tube

\* "Diseases of the Ovaries and Fallopian Tubes," p. 236.

is closed and its cavity distended by retention of the secretion of its walls and by pus formation. The layers of the mesosalpinx are separated until tube and ovary are in contact and adhesion occurs, or else tube and ovary adhere directly without splitting the mesosalpinx. The tube wall thins and the ovary becomes involved secondarily\* through a distended ovarian follicle, when tubo-ovarian abscess results. The ovary now enlarges until its pus contents frequently exceed those of the tube and measure several ounces.

The after-history of these cases, if they escape an early death, is usually made up of progressive invalidism varied by intervals of relief, if by chance the pus empties intermittently into bowel or bladder.

When the abdominal end of the tube does not close quickly enough, peritonitis, which may or may not be limited, is set up by direct escape of fluid from the end of the tube, as in Case II.

*CASE I. Tubo-Ovarian Abscess; Operation; Recovery.*—This illustrates the rapidity with which total destruction of the adnexa may occur, as the gross changes observed had all developed within a known period of eighteen days, or perhaps earlier. I made careful bimanual examination just at the beginning of the attack, and found the pelvic organs practically normal in size, while at the operation each ovarian abscess alone was three inches or more in diameter. The woman was twenty-three years old, married seven years, childless; her second miscarriage, four years before, having been followed by sepsis, which had left her with various pelvic symptoms, but no gross lesions. She was well nourished; and able to work until an acute attack of pelvic distress brought her to the Methodist Hospital, where she at first entered the surgical service of Dr. H. R. Wharton. When seen by the writer in consultation she presented a flat abdomen, tenderness in a prolapsed left ovary and in the bladder wall, but both tubes and ovaries were normal in size, as was the uterus, which was noted as forward and movable. The general condition was good, and many details of examination, purposely omitted here, were negative. In other words, though she was afterward proved to be on the eve of a violent attack of pelvic inflammation, it had as yet scarcely begun. General treatment was advised, with laxatives and hot douches. She grew rapidly

\* Bland Sutton.

worse, however, in the next ten days, the temperature reaching  $104.2^{\circ}$ , and exquisite tenderness and tympany supervening.

When examined by Dr. Kynett, under whose care staff changes had now brought her, the uterus had become fixed, and a tender mass appeared on the right. Eight days later she had been transferred to the hands of the writer, and the abdomen was opened. With care and gentleness an attempt was made to separate the adherent coils of intestine from a large mass at the right, but several ounces of thick yellow pus immediately welled from the wound. The sac was evidently on the point of rupture on its upper convexity, where a blackened, sloughing area, an inch in diameter, was about to give way at its centre. With some difficulty a tubo-ovarian abscess was excavated from each side of the pelvis. The lumen of either tube was of the diameter of the thumb, the length increased to about six inches, while the two principal pus sacs, one apparently in each ovary, were three or more inches in diameter. The sac on the left was in the recto-uterine cul-de-sac, and contained highly offensive dark-red pus. Being tightly wedged in the depths of the pelvis, held below by firm adhesions, and having a wall much softened and degenerated, this sac also was ruptured in removal. Both tubal and ovarian sacs were completely removed. Because of the black and degenerated appearance of the adhesions which occupied Douglas' pouch, and of the thorough infection of the pelvis by pus distribution during the operation, after flushing and a careful toilet, a gauze handkerchief stuffed with strips of iodoform gauze was packed into this space; and brought out the lower end of the wound below the glass tube. This gauze was removed on the second day, and stitches, previously put in, tied down as far as the glass tube, after the cavity occupied by the gauze had been cleaned with hydrogen peroxide. For the first two days only there was some vomiting, and liquid food in small quantities was given by the bowel.

Glass tube out on the seventh day. The convalescence, somewhat slower than usual, was complicated by slight superficial suppuration about the drainage-tube end of the wound, so that the patient was not allowed to sit up until the twenty-eighth day, instead of on the twenty-first, as is my routine practice. She was discharged well, five and a half weeks after the operation. She reports herself well five months later, though with some pain at times.

This specimen, though shrunken by several months' immersion in alcohol, serves to show the condition of the tube and its free communication with the ovarian sac. The point of softening and imminent rupture is seen as a small opening. It would be difficult for me to believe that these extreme changes had occurred so rapidly had I not had an opportunity of mapping out the parts beforehand.

*CASE II. Post-puerperal Inflammation of both Tubes and Ovaries, with Left Pyosalpinx and Hematoma of Right Ovary; Operation; Recovery and Cure.*—This case illustrates a less advanced condition than the other, pus formation having occurred in one tube only, while different portions of the specimens serve to illustrate steps in the process of destruction.

S. B., aged thirty years, married nine years, three children, three miscarriages. Menses normal until two periods missed four months before. Probably miscarriage two months before applying, with recurrent hemorrhage and several attacks of sharp abdominal pain since, though working as usual. Five days before there was a sharp attack of pelvic pain with fever, which confined patient to bed two days. Examination on admission to the Methodist Hospital showed a subinvolved uterus, with cervix soft and patulous, with tense fixed tubo-ovarian masses on each side. There was endometritis, but no physical signs of extra-uterine pregnancy were present, though the history suggested it in many ways.

Cæliotomy was done next day, after first curetting a quantity of soft tissue resembling placental débris from the uterine cavity, which was irrigated thoroughly and packed with iodoform gauze for drainage.

Abdominal incision showed the small intestine and sigmoid flexure moderately adherent to the tubo-ovarian mass. On the left a small pocket of grayish-red pus, not offensive and not over two drachms in quantity, was disclosed outside the tube and walled in by adherent intestine. This was in all probability the result of leakage of the tube before its outer end was sealed. The ovary was normal in size, inseparably united to the tube, which was hard and contorted, its color very dark-red, but nowhere black. The mesosalpinx was not split. The tube was thickened by cell infiltration at the uterine end, gradually enlarging from a diameter of one-half an inch to one inch at the am-

pulla, which contained a reddish-gray pus. Both tubes were sealed and their fimbriæ lost in adhesions. Both broad ligaments were infiltrated to a thickness of half an inch. The right tube was shorter and smaller than the left, but though firmly buried in strong adhesions it contained no pus. It was very hard. The right ovary contained a hematoma about two inches in diameter, the blood being black and semi-fluid. Total removal of tubes and ovaries; flushing; glass drainage; good recovery. The woman was seen well and working five months later, complaining only of the flushing due to artificial menopause.

The specimen here shown exhibits in the different parts stages in the progress of salpingitis. Near the uterine end of one tube which has been split may be seen the greatly-swollen longitudinal folds of mucous membrane not yet adherent together. Mucous surfaces do not adhere, when inflamed, as early as do serous surfaces. These folds, when swollen, very tightly fill the tube, so that it feels hard, and when it is cut longitudinal they appear to have been enclosed in a space too small for them, so that the incision will not close again. Farther out in the dilated ampulla pus was found, and the structures are extensively altered in appearance. The fimbriated end had been sealed by covering in the fimbriæ and packing them together inside the tube, the serous covering swelling and uniting outside them. Though they are somewhat adherent together, they still can be distinguished. Later on in the disease they would become disorganized or lost in the wall of what had become simply a pus sac with smooth, rounded end.

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**The Late Dr. Beaven Rake.**—A movement is in progress to commemorate in some manner the life and work of the late Dr. Beaven Rake. With these objects in view it has been proposed to invite subscriptions towards the republication, in a "Memorial Volume," of Dr. Rake's most important contributions to medical science, and to utilize any surplus for the benefit of his family. Accordingly, a preliminary meeting of many of Dr. Rake's friends will shortly be held for the purpose of discussing this idea and any other suggestions of the kind which may be forthcoming.

**INTUBATION.\* By LOUIS HAUCK, M.D., St. Louis.**

Mr. President and Gentlemen: Intubation of the larynx is an operation which has long been attempted, but in its present perfected form it is distinctively American, and we owe it to the ingenuity and patience of Dr. Jno. O'Dwyer. It is an improvement upon tracheotomy, and is rapidly taking its place in the treatment of many forms of laryngeal stenosis. It is chiefly performed in diphtheritic and membranous croup, occasionally for symptoms produced by scalds or burns, for foreign bodies, and for the presence of tumors, especially those located outside of the air-larynx. It may also be used in certain cases of ulceration and stenosis, the tube in this instance acting as a permanent dilator. I have had no experience with it except in cases of diphtheria and croup, but saw one case where the tube had been worn many months, by a boy about seven years old, for a recurrent growth in the larynx.

Intubation is a painless and bloodless operation if dexterously performed, and chloroform is never necessary. It takes but the fraction of a second to insert the tube after the few necessary preparations have been made. The distinct advantages of intubation over tracheotomy are: Ease and speed of operation, absence of blood, pain or shock. There is no need of skilled assistants during the operation or of trained nurses after it. There is no wound to increase the dangers of septicemia or to prolong convalescence. There is no disfiguring scar. The number of recoveries is greater, and recovery more rapid and complete. The consent of parents easily obtained and the operation is made earlier. Tracheotomy is too often made as a last, hopeless resort. After intubation there is no need of changing the surroundings of the patient, while after tracheotomy the room must be made warm and moist on account of the more direct entrance of the air to the lungs. There is no filling up of the tubes with mucous, necessitating attention and watchfulness. In one of my cases of tracheotomy the nurse went to sleep and when she awoke the child was dead. The tube had closed up entirely and caused suffocation. The only disadvantage of intubation is the fact that deglutition is difficult while the tube is in place and for several days after its removal. This can be almost entirely overcome, however, by feeding the patient with a spoon

\*Read before the St. Louis Medical Society, Saturday evening, October 20th, 1894.

while in a recumbent position, the head being as low as or lower than the body, and by giving only fluids or semi-fluids, such as raw eggs beaten, ice cream, gruels and milk. Anything containing lumps, crumbs or seeds should be avoided.

Local and systemic treatment must, of course, be kept up just as before the operation. Alcohol and strychnia are advisable in all cases where the heart shows signs of weakness. The tube should be removed in about seven days unless expelled earlier.

Up to October, 1893, I had performed seven intubations, with four recoveries. One died thirty-five days after operation of pneumonia, and should be counted a success, as the death was not directly due to the disease for the relief of which the operation was performed. Two cases died within twenty-six hours after the operation; the one, a three year-old girl, died of heart failure; the other, a boy seven years old who had been sick with diphtheria seven days before croup set in, died of exhaustion and probable extension of the membranes to the bronchial tubes. Since that time I kept no record, but have operated a number of times with about the same average of recoveries. Have made but five tracheotomies, with two recoveries.

The only time there is any excuse for making tracheotomy in a case of croup is when the intubation instruments cannot be procured. I am convinced that any case of croup that does not recover after intubation could not have been saved by tracheotomy. I do not claim that intubation will cure the disease, but it does immediately relieve the symptoms, namely: those of suffocation, and thereby gives us an opportunity to cure the disease by proper medication. In diphtheritic croup tracheotomy is nearly always fatal. I have yet to see a successful case where the throat and nose were involved.

Since reading the above paper I have come across a report by Dr. Dillon Brown, of New York. In it he records 657 intubations made by himself, with 32 per cent. recoveries. He also refers to the statistics of McNaughton and Madden, who report as follows: Reports were received from 242 physicians in different parts of the country. There were 2,417 tracheotomies, showing 586 recoveries, or 24.3 per cent.; and 5,546 intubations, showing 1,691 recoveries, or 30.6 per cent., or 6.5 per cent. in favor of intubation. They also report that "calomel fumigations" have materially increased the percentage of recoveries in both tracheotomy and intubations.

**OLIVER WENDELL HOLMES.\* By WILLIAM OSLER, M.D., Baltimore.**

Very fitting indeed is it that he who had lived to be "the last leaf upon the tree" should have fallen peacefully in the autumn which he loved so well. Delightful, too, to think that although he had, to use the expression of Benjamin Franklin, intruded himself these many years into the company of posterity, the freshness and pliancy of his mind had not for a moment failed. Like his own wonderful "one-hoss shay," the end was a sudden breakdown; and though he would have confessed, no doubt, to a "general flavor of decay," there was nothing local; and his friends had been spared that most distressing of all human spectacles, those cold gradations of decay in which man takes nearly as long to die as he does to grow up, and lives a sort of death in life, "*ita sine vita vivere, ita sine morte mori.*"

Enough has been said, and doubtless well said, by those who make criticism their vocation, upon the literary position and affinities of Oliver Wendell Holmes, and I shall spare your perhaps already surcharged ears. He has been sandwiched in my affections these many years between Oliver Goldsmith and Charles Lamb. More than once he has been called, I think, the American Goldsmith. Certainly the great distinction between both men lies in that robust humanity which has a smile for the foibles and a tear for the sorrows of their fellow-creatures. The English Oliver, with a better schooling for a poet (had he not learned in suffering what he taught in song?), had a finer fancy and at his best a clearer note. With both writers one is at a loss to know which to love the better, the prose or the poetry. Can we name two other prose-writers of equal merit who have so successfully courted the "draggle-tailed Muses," as Goldsmith calls them? Like Charles Lamb, Holmes gains the affections of his readers at the first sitting; and the genial humor, the refined wit, the pathos, the tender sensitiveness to the lights and shadows of life, give to the Breakfast Table Series much of the charm of the Essays of Elia.

While it is true that since Rabelais and Linacre no generation has lacked a physician to stand unabashed in the temple at Delos, a worshipper of worth and merit amid the votaries of Apollo, I

\*Remarks made at the Johns Hopkins Medical Society, October 15, 1894. Reprinted from the Johns Hopkins Hospital *Bulletin*.

can recall no name in the past three centuries eminent in literature—eminent, I mean, in the sense in which we regard Goldsmith—which is associated in any enduring way with work done in the science and art of medicine. Many physicians, active practitioners—Sir Thomas Browne, for example—have been and are known for the richness and variety of their literary work; but as a rule, those who have remained in professional life have courted the “draggle-tailed Muses” as a gentle pastime, “to interpose a little ease” amid the worries of practice. Few such have risen above mediocrity; fewer still have reached it. We know the names of Garth, of Arbuthnot and of Aikenside, but we neither know them nor their works. The list is a long one, for the rites of Apollo have always had a keen attraction for the men of our ranks; but the names fill at the best a place in the story of the literature of the country, not a place in the hearts and lives of the people. Far otherwise is it with a select group of men, Goldsmith, Crabbe and Keats, at the outset members of our profession, but who early broke away from its drudgery. In pride we claim them, though in reality no influence of their special studies is to be found in their writings. Two of these, at least, reached the pure empyrean, and to use Shelley’s words, robed in dazzling immortality, sit on thrones

“built beyond mortal thought,  
Far in the Unapparent.”

Oliver Wendell Holmes may not reach the same exalted sphere, but he will always occupy a unique position in the affections of medical men. Not a practitioner, yet he retained for the greater part of his active life the most intimate connection with the profession, and as Professor of Anatomy at Harvard University kept in touch with it for nearly forty years. The festivals at Epidaurus were never neglected by him, and as the most successful combination which the world has ever seen of the physician and the man of letters, he has for years sat amid the Esculapians in the seat of honor.

During the nineteenth century three schools in succession have moulded the thoughts and opinions of the medical profession in this country. In the early period English ways and methods prevailed, and (as in the colonial days) the students who crossed the Atlantic for further study went to Edinburgh or to London. Then came a time, between 1825 and 1860, when the American

students went chiefly to Paris, and the profession of the country was strongly swayed by the teachings of the French school. Since 1860 the influence of German medicine has been all-powerful, but of late American students are beginning to learn that their "wanderjahren" should be truly such, and that when possible they should round out their studies in France and England.

In the thirties a very remarkable body of young Americans studied in Paris, chiefly under the great Louis—Oliver Wendell Holmes, James Jackson, Jr., Henry I. Bowditch and George C. Shattuck, from Boston; Swett, from New York; Gerhard and Stillé, from Philadelphia; and Power, from Baltimore. They brought back to this country scientific methods of work and habits of accurate, systematic observation, and they had caught also, what was much more valuable, some of his inspiring enthusiasm. So far as I know, one alone of Louis's American pupils remains, full of years and honors—Prof. Stillé, of the University of Pennsylvania.

More than once in his writings Holmes refers to his delightful student days in France, and the valedictory lecture to his class in 1882 is largely made up of reminiscences of his old Paris teachers.

The fullness of Holmes's professional equipment is very evident in his first contributions to medicine. In the years 1836 and 1837 we find him successfully competing for the Boylston prizes, with essays on Intermittent Fever in New England, on Neuralgia, and on the Utility and Improvement of Direct Exploration in Medical Practice. Of these the essay on intermittent fever is in many ways the most important, since it contains a very thorough review of the testimony of the early New England writers on the subject, for which purpose he made a careful and thorough examination of the records of the first century of the settlements. Here and there throughout the essay there is evidence of his irrepressible humor. Referring to the old writers, he says that, because indexes are sometimes imperfect, he has looked over all the works page by page, with the exception of some few ecclesiastical papers, sermons and similar treatises of Cotton Mather, "which, being more likely to cause a fever than to mention one, I left to some future investigator." The essay shows great industry, and is of value to-day in showing the localities in which malaria prevailed in the early part of this century, and at the time at which

he wrote. The essay on neuralgia is not so interesting, but is an exhaustive summary of the knowledge of the disease in the year 1836. The third dissertation, on direct exploration, of much greater merit, is a plea for the more extended use of auscultation and percussion in exact diagnosis. The slowness with which these two great advances were adopted by our fathers contrasts in a striking manner with the readiness with which at the present day we take up with new improvements and appliances. Avenbrugger's work on percussion dates from 1761, but it was not until the beginning of this century that the art of percussion was revived by Corvisart and Laennec; while Piorry, as Holmes says, succeeded in creating himself a European reputation by a slight but useful modification in the art, referring to his pleximeter, of which in another place he says that Piorry "makes a graven image." The great discoveries of Laennec make their way very slowly to general adoption, and to this Holmes refers when he says, "it is perfectly natural that they (speaking of the older practitioners) should look with suspicion upon this introduction of medical machinery among the old, hardworking operatives; that they should for a while smile at its pretensions, and when its use began to creep in among them, that they should observe and signalize all the errors and defects which happened in its practical application."

Gerhard's work on the diagnosis of diseases of the chest was published in 1836, and with this essay of Holmes's opened to the American profession the rich experience of the French school in the methods of direct exploration in all disorders of the chest and of the heart. Holmes's essay may be read to-day by the student with great profit; it is particularly rich in original references to the older writers. Readers of the *Autocrat* and of others of Holmes's literary works have been surprised at the readiness with which he quotes and refers to the fathers of the profession, a facility readily explained by these Boylston prize dissertations; and in their preparation he had evidently studied not only the modern authors of the day, but he had gone in the original to the great masters from Hippocrates to Harvey.

The prize essay does not constitute the most enduring form of medical literature, and though the dissertation on Malaria is in some respects one of the very best of the long series of Boylston essays, yet we could scarcely have spoken of a medical repu-

tation for Dr. Holmes had it to rest upon these earlier productions. A few years later, however, he contributed an article which will long keep his memory green in our ranks.

Child-bed fever was unhappily no new disorder when Oliver Wendell Holmes studied, nor had there been wanting men who had proclaimed forcibly its specific character and its highly contagious nature. Indeed, so far back as 1795, Gordon, of Aberdeen, not only called it a specific contagion, but said he would predict with unerring accuracy the very doctors and nurses in whose practice the cases would develop. Rigby, too, had lent the weight of his authority in favor of the contagiousness, but the question was so far from settled that, as you will hear, many of the leading teachers scouted the idea that doctors and nurses could convey the disorder. Semmelweis had not then begun to make his interesting and conclusive observations, for which his memory has been so greatly honored.

In 1842, before the Boston Society for Medical Improvement, Dr. Holmes read a paper entitled "The Contagiousness of Puerperal Fever," in which he brought forward a long array of facts in support of the view that the disease was contagious, conveyed usually by the doctor or the nurse, and due to a specific infection. At the time there certainly was not an article in which the subject was presented in so logical and so convincing manner. As Sidney Smith says, it is not the man who first says a thing, but it is he who says it so long, so loudly and so clearly that he compels men to hear him—it is to him that the credit belongs; and so far as this country is concerned, the credit of insisting upon the great practical truth of the contagiousness of puerperal fever belongs to Dr. Holmes. The essay is characterized in places by intenseness and great strength of feeling. He says he could not for a moment consent to make a *question* of the momentous fact which should not be considered a subject for trivial discussion, but which should be acted upon with silent promptitude. "No negative facts, no passing opinions, be they what they may or whose they may, can form any answer to the series of cases now within the reach of all who choose to explore the records of medical science." Just before the conclusions the following eloquent paragraphs are found, portions of which are often quoted: "It is as a lesson rather than as a reproach that I call up the memory of these irreparable errors and wrongs. No tongue can tell the heart-breaking calamities they have caused;

they have closed the eyes just opened upon a new world of life and happiness; they have bowed the strength of manhood into the dust; they have cast the helplessness of infancy into the stranger's arms, or bequeathed it with less cruelty the death of its dying parent. There is no tone deep enough for record, and no voice loud enough for warning. The woman about to become a mother, or with her new-born infant upon her bosom, should be the object of trembling care and sympathy wherever she bears her tender burden, or stretches her aching limbs. The very outcast of the street has pity upon her sister in degradation when the seal of promised maternity is impressed upon her. The remorseless vengeance of the law brought down upon its victims by a machinery as sure as destiny, is arrested in its fall at a word which reveals her transient claims for mercy. The solemn prayer of the liturgy singles out her sorrows from the multiplied trials of life, to plead for her in the hour of peril. God forbid that any member of the profession to which she trusts her life, doubly precious at that eventful period, should regard it negligently, unadvisedly, or selfishly."

The results of his studies are summed up in a series of eight conclusions, and the strong ground which he took may be gathered from this sentence in the last one: "The time has come when the existence of a private pestilence in the sphere of a single physician should be looked upon, not as a misfortune, but a crime." Fortunately this essay, which was published in the ephemeral *New England Quarterly Journal of Medicine* was not destined to remain unnoticed. The statements were too bold and the whole tone too resolute not to arouse the antagonism of those whose teachings had been for years diametrically opposed to the contagiousness of puerperal fever. Philadelphia was the centre of the teaching and work in obstetrics in this country; and if we can speak at all of an American school of obstetricians it is due to the energy of the professors of this branch in that city, and for the sake of the memory of the men we could wish expunged the incident to which I will now allude.

In 1852 the elder Hodge, Professor of Obstetrics at the University of Pennsylvania, published an essay on the non-contagious character of puerperal fever, and in 1854 Charles D. Meigs, Professor of Obstetrics at the Jefferson Medical College, published a work on the nature, signs, and treatment of childbed fevers, in a series of letters addressed to students of his

class. Both of these men, the most distinguished professors of obstetrics in America, took extreme ground against Holmes, and Meigs handled him rather roughly.

Nothing daunted, in the following year (1855) Holmes reprinted the essay, calling it *Puerperal Fever as a Private Pestilence*. He clearly appreciated the character of the work he was doing, since in the introduction he says: "I do not know that I shall ever again have so good an opportunity of being useful as was granted to me by the raising of the question which produced this essay." The point at issue is squarely put in a few paragraphs on one of the first pages; the affirmative in a quotation from his essay: "The disease known as puerperal fever is so far contagious as to be carried from patient to patient by physicians and nurses" (1843). The negative in two quotations, one from Hodge (1852), who "begged his students to divest their minds of the dread that they could ever carry the horrible virus;" and of Meigs (1854), who says: "I prefer to attribute them (namely the deaths) to accident or Providence, of which I can form a conception, rather than to a contagion of which I cannot form any clear idea."

The introduction to the essay, which was reprinted as it appeared in 1842, is one of the ablest and most trenchant pieces of writing with which I am acquainted. There are several striking paragraphs; thus, in alluding to the strong and personal language used by Meigs, Holmes says: "I take no offense and attempt no retort; no man makes a quarrel with me over the counterpane that covers a mother with her new-born infant at her breast." He appeals to the medical student not to be deceived by the statements of the two distinguished professors which seem to him to encourage professional homicide. One paragraph has become classical: "They naturally have faith in their instructors, turning to them for truth, and taking what they may choose to give them; babies in knowledge, not yet able to tell the breast from the bottle, pumping away for the milk of truth at all that offers, were it nothing better than a professor's shriveled forefinger."

The high estimate in which this work of Holmes's is held has frequently been referred to by writers on obstetrics.

Some years ago in an editorial note I commented upon a question which Dr. Holmes had asked in his "*Hundred Days in Europe*." Somewhere at dinner he had sat next to a successful

gynecologist who had saved some hundreds of lives by his operations, and he asked: "Which would give the most satisfaction to a thoroughly humane and unselfish being, of cultivated intelligence and lively sensibilities—to have written all the plays which Shakespeare has left as an inheritance for mankind, or to have snatched from the jaws of death more than a hundred fellow-creatures, and restored them to sound and comfortable existence?" I remarked that there was nobody who could answer this question so satisfactorily as the Autocrat, and asked from which he derived the greater satisfaction, the *essay on puerperal fever*, which had probably saved many more lives than any individual gynecologist, or the Chambered Nautilus, which had given pleasure to so many thousands. The journal had reached Dr. Holmes, and I read you his reply to me, under date of January 21st, 1889:

"I have rarely been more pleased than by your allusion to an old paper of mine. There was a time certainly in which I would have said that the best page of my record was that in which I had fought my battle for the poor poisoned woman. I am reminded of that essay from time to time; but it was published in a periodical which died after one year's life, and therefore escaped the wider notice it would have found if printed in the *American Journal of the Medical Sciences*. A lecturer at one of the great London hospitals referred to it the other day and coupled it with some fine phrases about myself which made me blush, either with modesty or vanity, I forget which.

"I think I will not answer the question you put me. I think oftenest of the Chambered Nautilus, which is a favorite poem of mine, though I wrote it myself. The essay only comes up at long intervals. The poem repeats itself in my memory, and is very often spoken of by my correspondents in terms of more than ordinary praise. I had a savage pleasure I confess in handling those two professors—learned men both of them, skillful experts, but babies, as it seemed to me, in their capacity of reasoning and arguing. But in writing the poem I was filled with a better feeling—the highest state of mental exaltation and the most crystalline clairvoyance, as it seemed to me, that had ever been granted to me—I mean that lucid vision of one's thought and all forms of expression which will be at once precise and musical, which is the poet's special gift, however large or small in amount of value. There is more selfish pleasure to be

had out of the poem—perhaps a nobler satisfaction from the life-saving labor."

Last year at the dinner of the American Gynecological Society in Philadelphia a letter from Dr. Holmes was read referring to the subject in very much the same language as he used in his letter to me. One or two of the paragraphs I may quote: "Still I was attached in my stronghold by the two leading professors of obstetrics in this country.

"I defended my position, with new facts and arguments, and not without rhetorical fervor, at which, after cooling down for half a century, I might smile if I did not remember how intensely and with what good reasoning my feelings were kindled into the heated atmosphere of superlatives.

"I have been long out of the way of discussing this class of subjects. I do not know what others have done since my efforts; I do not know that others had cried out with all their might against the terrible evil, before I did, and I gave them full credit for it.

"But I think I shrieked my warning louder and longer than any of them, and I am pleased to remember that I took my ground on the existing evidence before the little army of microbes was marched up to support my position."

Fortunately, Dr. Holmes's medical essays are reprinted with his works. Several of them are enduring contributions to the questions with which they deal; all should be read carefully by every student of medicine. The essay on Homeopathy remains one of the most complete exposures of that therapeutic fad. There is no more healthier or more stimulating writer to students and to young medical men. With an entire absence of nonsense, with rare humor and unfailing kindness, and with that delicacy of feeling characteristic of a member of the Brahmin class, he has permanently enriched the literature of the race.

Search the ranks of authors since Elias, whom in so many ways Holmes resembled, and to no one else could the beautiful tribute of Landor be transferred with the same sense of propriety:

"He leaves behind him, freed from grief and fears,  
Far nobler things than tears,  
The love of friends without a single foe,  
Unequalled lot below."

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## Editorial.

### THE JOURNAL.

It is not often that we take the occasion of speaking of ourselves; but, as it has been quite some time since we indulged in any retrospect, we cannot forbear from saying a word or two concerning the JOURNAL. We have no promises to make for the future—its appearance and its contents can speak for themselves. Our readers will have noticed that our prime objects are to make it both useful and interesting, and we are pleased to note that our efforts in this direction have not been altogether unsuccessful, if we are to place any reliance upon what has been told to us. To give all the new discoveries in every department of medicine, and all the advances made in surgery and the experimental medical branches, is an impossibility which we have never even attempted. When we observe the want of success attending such attempts upon the part of special journals, we can well be pardoned an avoidance of making such fruitless efforts. What we have aimed at, and it shall continue to be our endeavor, is to cull such of the ripest fruits in the field of medicine as shall

prove of profit to our readers, and dressed in such shape as not to consume more than a minimum of time compatible with an understanding of the matter in hand.

Like all our numerous readers and subscribers, we have looked with amazement upon the large amount of and important discoveries made in the past year. It would appear as if every one is making an effort to make the exit of this century a most memorable and brilliant one. From all quarters of the earth science is making contributions whose importance is immeasurable, and the number of which is positively vertiginous. The *annus medicus* has truly been a wonderful one. But whilst we are rejoicing at these achievements, a tinge of sadness spreads over our joy when we stop to contemplate the places left empty by the final departure of so many of the illustrious savants who have had such an influence in molding the medical thought of this century. The year 1894 has been a prolific one in its harvest for the Great Reaper. These are the men who stepped upon the threshold of advanced medical science and who succeeded in opening the doors which give access to the illuminated corridors of science, leading to the aditum and secret arcana of nature. Theirs are imperishable names, inscribed high on the roll of fame, and our sincerest desire is that many days may pass ere we are called upon to record the deaths of more.

The season of peace and goodwill towards all men is upon us, and whilst we can preserve the former, we ask for the latter from all our friends. The JOURNAL shall continue to maintain an independent attitude, jealous of the rights and dignity of the profession, and ever ready to rush to its defense when needful.

May all the profession meet with that success and reward which every member so richly merits, and may harmony and peace prevail. To our many readers we extend our cordial wishes for a Merry Christmas and a Happy New Year.

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#### A NEW ASSOCIATION.

Quite a ripple of excitement has been caused by a recent circular which speaks of the organization of the American Academy of Railway Surgeons. This is said to be the result of the dissatisfaction of a number of the members of the National Associa-

tion of Railway Surgeons, who are reported to be desirous of organizing an exclusive and aristocratic body. We do not propose to discuss the pros and cons in regard to the advisability of the action. Of course, the National Association does not believe that this new offshoot will thrive. The latter is of the firm conviction that it will be the only true representative of advanced and scientific railway surgery. We have not yet heard from the individual most interested—the railway company. We can safely predict, however, that the companies will join their issues with the National Association, as it is undoubtedly the larger and more influential body.

We cannot endorse the sentiments of the editor of the *Fort Wayne Medical Magazine*, when he says that "there is the impress of chicanery and fraud in an organization which seeks to cultivate the higher order of railway surgery and immediately stigmatizes the members of this advanced order by disfranchisement. If we understand the rules under which it is organized, it is a sort of Tammany Hall aggregation applied to a medical society and a mutual benefit association, by which any shortage in accounts may be corrected by division and silence. This organization appears to be somewhat like the Republican party and the tariff—if there are any iniquities perpetrated they will be reformed by the friends of the scheme."

It is whispered that this new move was inspired by the late editor of the *Railway Age*; but even so, it can only serve as a stimulus to the older organization, and it certainly cannot plead inferiority in the capabilities of its members; so that, taken altogether, the entire trouble seems to resolve itself into "a tempest in a tea-pot."

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The Mississippi Valley Medical Association held a most successful meeting in November, the attendance being large and the papers numerous and well written. The next meeting will take place at Detroit, in September, 1895. The following are the officers elect: President, Dr. W. N. Wishard, Indianapolis; vice-presidents, Dr. Thos. E. Holland, Hot Springs, and Dr. Chas. B. Parker, Indianapolis; secretary, Dr. Fred. C. Woodburn, Indianapolis; treasurer, Dr. Harold C. Moyer, Chicago; chairman committee of arrangements, Dr. H. O. Walker, Detroit. A rousing meeting is anticipated.

## Dermatology and Genito-Urinary Diseases.

**The Influence of Solar Rays on the Skin.**—Dr. R. L. Bowles says (*Ex.*):

1. That heat *qua* heat is not the cause of sunburn.
2. That there is strong evidence for believing that it is caused by the violet or ultra-violet rays of light reflected from the snow, which reflected light is not necessarily of the same quality as that which is incident.
3. Captain Abney finds that the violet or ultra-violet rays are very strong at high altitudes, and believes that altitude has much to do with sunburn.
4. That altitude alone does not explain sunburn, for one may not be sunburnt on rocks, say at 10,000 feet, and yet be immediately affected on descending to a glacier 3,000 or 4,000 feet lower down.
5. That sunburn and snow-blindness arise from similar causes, and that sunstroke may be associated with them.
6. That rays from the electric light produce much the same results as sun-rays reflected from snow.
7. That the bronzing of the skin and the browning of the wooden chalets are probably produced by rays reflected from snow.

The varied experiences related would probably all be readily explained by a few simple physical laws—*e. g.*, glass is athermanous to the dark or long heat rays which arrange themselves at the red end of the spectrum; but glass, on the other hand, transmits the light-rays, which are readily decomposed by objects on the farther side of it, and there degraded into long-heat rays, which are now radiated as sentient heat. This is well illustrated in a greenhouse. The light-rays are alone admitted through the glass, and practically all the energy in the house is degraded, and then radiated as heat-rays from the earth and other objects within the greenhouse which have been agents for the degradation of the “light energy” into the heat form. After a similar fashion, the transparent epithelial layer of the fair skin will transmit the light-rays to the nerves, vessels, and other tissues immediately beneath; the light-rays would there be degraded into dark or long heat rays, which would be sentient and excite

in the very vessels themselves those primary actions which lead to inflammation and its consequences. Black skins, on the other hand, and various pigments, would absorb these light-rays and stop their transmission to those vital parts which may be excited to inflammatory action.

**Arsenical Keratosis of Palms and Hands.**—Mr. Malcolm Morris recently presented such a case before the Dermatological Society of London (*British Jour. Dermat.*). The patient was a woman of 40, who came under observation fourteen years ago for treatment of psoriasis. Previously she had undergone no medical treatment. She was given gradually-increasing and large doses of arsenic for several months. The psoriasis disappeared under the course of the arsenic, and has never returned; but gradually the keratosis of the palms and soles developed, and has lasted ever since. There is uniform thickening and hardening of the skin of both palms and soles, with corn-like formations scattered here and there, interfering with the freedom of use of the former, but otherwise causing only slight subjective symptoms. There is constant hyperidrosis of both palms.

The history as given would seem to point to atropho-neurotic cause, as many of these keratodermic affections are due to this factor. In the above this conclusion is supported by the fact of the hyperidrosis.

**Congenital Atrophy of the Skin.**—At a meeting of the Dermatological Society of Great Britain and Ireland, Mr. Campbell Williams exhibited a case of the above, which had been under the care of Dr. Crocker. The child was born in a condition similar to its present state. Mother said that she was a full-term child, but the medical man said she was not more than eight months, as she had no hair or nails. Nails began to grow within one week after birth. Hair hardly grew until three years. Between third and fourth year occiput was bald. Skin at birth had "tissue-like" appearance. During the first year of life, blisters appeared on fingers and toes. They increased in size, burst, and left raw surfaces. Later they came on groins, genitalia, and behaved similarly. Since birth motions painful and yellow. Bowels are sometimes loose, but patient refrains from defecating as long as possible, owing to pain from anal fissure. She was treated with *ung. acidi boracis*, and good diet, and lately had improved considerably.

Present state: Child apparently healthy-looking as to color of complexion. No anemia of lips, conjunctiva or face. Hair light, curly, of medium development, thinnest on occiput. It is dry, but scalp not markedly so. Skin over face, eyebrows, upper lip and cheeks is slightly branny. The skin of the upper part of the forehead presents a glazed atrophic condition, interspersed with more marked patches of atrophy. These are best seen on nose, particularly on top. A few discrete patches are noticeable on either cheek and chin. The lips are glossy and drier than natural. No atrophy or infiltration of ears. Mucous membrane of mouth, though pink, shows leucopathic patches. Tongue is inclined to raw-beef color. No absence of secretion in mouth. Teeth normal and good. Gums red and spongy, inclined to bleed as if mercury had been taken. Slight fetor of breath.

Skin of trunk shows well-marked ridges. Between the ridges the tissue is atrophied, but can be freely picked up; not adherent to parts beneath. Noticeable absence of subcutaneous fat. On upper part of chest skin is more shiny, slightly moist, whereas that of abdomen is distinctly drier. There are several fawn-colored papules to be seen on front of abdomen and front of chest. Skin on back has numerous small vesicles scattered over it, similar to miliaria.

O-D.

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**The Autopsy on the Gorilla.**—The autopsy on Gumbo, the gorilla, who died last week, was of considerable interest. The cause of death was an extensive tuberculosis of all the viscera. A curious feature of the gorilla anatomy was found in a large bag or pouch in the front of the chest extending across under the clavicles and opening into the larynx. Its purpose was evidently to furnish extra wind and pressure for roaring. The appendix vermiciformis was about ten inches long.

The Medical Society of Virginia held its annual meeting in Richmond, October 24. The following officers were elected: President, Robert J. Preston; 1st vice-president, Hugh Nelson; 2d vice-president, C. M. Stegleman; 3d vice-president, John Grammer; recording secretary, Landon B. Edwards; corresponding secretary, J. F. Winn, of Richmond; treasurer, R. T. Stile.

### Excerpts from Russian, Polish and Bulgarian Literature.

**Pilocarpin in Diphtheria.**—At the seventh general meeting of Polish physicians and naturalists at Lvov, Dr. Kowalski read a paper (*Medycyna*, 1894, Aug. 25) where he recommends pilocarpin as the best remedy for diphtheria (which method he applied in 132 cases during the last fourteen years). The following formula is used by the author:

Rx	Pilocarpin muriatic .....	0.09 grammie.
	Brandy .....	20 grammes.
	Aquaæ .....	60 grammes.

M. D. S.—A teaspoonful every two hours.

As adjuvants, he prescribes: *a*, inhalations of a from 0.1 to 0.15 per mille solution of corrosive sublimate, to repeat every two or three hours; *b*, painting the throat with a 5 per cent. solution of carbolic acid, to repeat as frequently; *c*, wine in largish quantities; and *d*, strengthening dietary.

Dr. Kowalski feels inclined to attribute the beneficial effects of pilocarpin to its inducing leucocytosis in diphtherial patients, which hypothesis seems to find some support in the results of the following experiments: He took eight healthy white rabbits (of equal weight) and inoculated them with equal amount (five divisions of a Pravaz syringeful) of pure glycerine broth culture of diphtheria microbes, after which four of the animals received each a hypodermic injection of 0.003 gramme of hydrochlorate of pilocarpin, while the other four remained without the injection. It proved that in the former group there developed a distinct leucocytosis (from 12,000 to 20,000 leucocytes to 1 cub. mille of blood), while in the control animals the proportion did not show any deviation from the standard.

**Quackery in Bulgaria.**—In the new Bulgarian monthly, *Meditzinska Beseda: Popülarno Meditzinsko Spisanie* (edited by Dr. Vitanov, of Vidin), September, 1894, p. 139, Dr. Glanz has published a short but lucid paper in which he energetically protests against those proprietors of journals who open their columns to vendors of secret or "patent" remedies with their grossly-lying and astoundingly-ignorant, but well-paid advertisements, reclames, testimonials, etc., etc. The author emphati-

cally draws attention of such journalists, *a*, that there cannot exist any beneficial or valuable secret remedies; *b*, that actually there exist only two classes of the articles, viz., mishmashes having no remedial value whatever, but acting injuriously on the patient's pocket, and those including some active ingredients, but then injuring the patient both in health and pocket; *c*, that even a comparatively innocuous medicament, when used without consulting a doctor, can occasionally prove decidedly pernicious—*e. g.*, a dose of castor oil—which may afford benefit in a case of simple constipation—can kill the patient outright in a case of advanced intussusception; *d*, that the traditional theory of laymen, according to which there exists a particular remedy for every disease in the world (and, therefore, every disease can be “cured” by swallowing an appropriate medicine), represents nothing else than a product of ignorance and stupidity; *e*, that in every given case of disease the only rational treatment consists in treating the diseased human being and not the disease. Such rational treatment implies a minute and careful studying of every one and all of individual biological features of the case given, which circumstance, in its turn, most necessarily implies that the treating person must be somebody duly trained and skilled for the special purposes—*i. e.*, must be a medical man or woman. Pointing to those truisms, Dr. Glanz emphasizes the proposition that every journal whose pages are habitually infested with the announcements in question inevitably transforms itself into an active and responsible supporter of the swindling quacks in their inflicting an incalculable amount of harm both to health and pocket of the ignorant and weak-minded public. The writer warmly appeals to the journal managers to cleanse their columns by stopping the disgraceful advertisements once and forever. The cleansing business should include the hardly less shameless announcements from “gay men” of the medical profession who sell their curative services “at distance”; that is, undertake to treat the patient without seeing and examining him or her.

[We are sincerely afraid that Dr. Glanz's appeal to the proprietors of the periodical press will not produce any very sensational impression on the gentlemen (or gentlewomen, as the case may be). They are not something like stone-deaf—no, most assuredly; but we suspect that the Bulgarian press “bosses,”

like their *confrères* all over the civilized world, are afflicted with a certain sort of anosmia ("pecunia non olet")—a professional disturbance which prevents them from noticing the specific fetor emanating from the quack *levas* (just so as their *confrères* of other countries prove unable to discover any unpleasant smell about their respective quack *roubles*, dollars, shillings, etc., etc.). Anyhow, we cordially wish Dr. Glanz best success, while, on the other hand, we recommend him the perusal of, *a*, the *British Medical Journal*, July 21, 1894, p. 153, from which he will learn that Dr. Ernest Hart, in his capacity of the chairman of the Parliamentary Bills Committee, has initiated a true crusade against quacks infesting Great Britain; *b*, Dr. Leonid g. Kartschagin's highly remarkable paper in the *Vratch*, No. 27, 1894, p. 778, in which he proposes, amongst other things, that the "burning" question on quackery should be brought forward for discussion at the Twelfth International Medical Congress, to be held at Moscow in 1897. The question is verily "ripe" for anything, including a victorious war of the international medical brotherhood against the international quackery of all descriptions.—*Reporter.*]

**Length of Human Intestinal Tract.**—Dr. Dreike, of Moscow (*Vratch*, No. 37, 1894, p. 1,026), has measured the length of the intestinal canal in 104 infantile and 65 adult dead bodies, and arrived at the following conclusions:

1. In children, the sex does not show any influence on the length of the intestinal tube. As to adults, in men the tube proves to be relatively longer than in women.
2. Children have a relatively longer intestinal canal than adults.
3. The relative length of the large bowel in adults surpasses that in children.
4. Pathological changes in the intestines in children may produce a considerable increase in the length of the tube.
5. Subjects dying from phthisis and exhaustion present a relatively short intestinal tube.
6. Nationality does not seem to have any influence on the length of the canal.

VALERIUS IDELSON, M.D.

Berne, Switzerland.

## Medical Progress.

### THERAPEUTICS.

**The Injection in Pneumonia and Typhoid Fever of Serum from Convalescents.**—Hughes and Carter (*Therapeutic Gazette*), by following the line of experimentation suggested by the Klempers and others, injected fourteen cases of pneumonia and three of typhoid fever with the serum obtained from patients convalescent from the same disease. All the cases from which the serum was obtained were carefully selected, and of unquestionable diagnosis. All the cases of pneumonia exhibited numbers of pneumococci in the sputum, the virulence of these organisms always being tested. It would be expected that cases treated in the same manner with serum from such cases as described, none of them being more than two weeks past the crisis, would give results of comparative uniformity. Such, however, was not the case. Some showed success, others decided failure. Of ten selected cases only five can be claimed as distinctly proving any success due to the immune serum. In one case crisis followed the injection, but was probably not due to it. In three of the cases where no effect was produced, the failure is explained by the fact that one of them was a negro (in the negro's sputum the diplococci seem to be distinctly more virulent than in the sputum of a white man, the same probably being true of the lungs, where a larger dose of the antitoxic serum would be required); in another the pneumonia proved at autopsy to be of a peculiar character, more resembling broncho- than lobar-pneumonia; while the last case remained inexplicable.

The lack of action of the immune serum in certain cases is ascribed to

- (1) A duality of diplococci causative of pneumonia.
- (2) Variation of the toxines. The toxines, however, are constant concomitants of the growth of bacteria, and while under differing conditions of inherent qualities or environment, it is possible that the toxines are secreted in varying proportions, yet it is not likely that the average proportions would ever be so rudely disturbed as to lead to total failure of a neutralizing agent to act. The toxines must always be the same, therefore this hypothesis is not to be entertained.

(3) The inadequacy of the antitoxic theory. Neutralization of the toxines is not necessarily cure. Neutralization is merely a step in the production of immunity, and its causes must be sought deeper down. While, therefore, it cannot be doubted that immune serum may have a most pronounced effect, yet the irregularity of its action certainly suggests strongly that there are important factors other than the antipneumotoxine concerned in the production of the crisis, and the subsequent immunity—factors probably to be found in some condition of the cells rather than that of the blood serum.

From a therapeutic standpoint the results were disappointing. In the ten cases where perfect serum was used there were three deaths—about the ordinary death-rate from pneumonia. While disappointing, they are harmless, no bad effects following them.

Three cases of typhoid were tried, all recovering in an unusually short time, but as all the experiments were made upon very mild cases, it is difficult to estimate the value of the serum-therapy.

**An Antidote to Prussic Acid.**—Dr. J. Antal (*La Semaine Médicale*) has found the nitrate of cobalt to be a very efficacious antidote to prussic acid. In a watery solution of  $\frac{1}{2}$ –1 per cent. it is capable of neutralizing not only the drug in the stomach, but also that in the blood; ingested, even in a large quantity, it is devoid of toxic action. This salt of cobalt has the advantage of being eliminated from the body as fast as it is absorbed from the digestive tract. From his experiments on animals, dogs and rabbits, he would advise hypodermic injection of a  $\frac{1}{2}$  per cent. solution (20 or 30 cc.) to antidote that portion of the poison which has already penetrated into the blood, while the same solution may be drank by the glassful. If the patient be unconscious, introduce it through a stomach tube.

**Formalin as an Aid to Diagnosing the Typhoid Bacillus.**—Schild (*Centralblatt für Bakteriologie und Parasitenkunde*) observed that the bacterium *coli commune*, and certain water bacteria, possessed a much more pronounced resistance to the action of formalin than the typhoid bacillus, and experimented with this reagent with the view of obtaining an additional aid for the separation of the closely-allied *bacillus typhique* and *bacillus coli communis*.

The result of the experiments showed that when a few drops of formalin were added to the moist blotting-paper within the dishes, in which full-developed cultures of the typhoid bacillus were kept, the bacilli lost their power of growth, when transferred to new culture media and placed in the incubator, in seventy-five minutes. In this instance the vapor of the reagent alone sufficed to kill them.

The addition of formalin to the culture media showed that the typhoid bacillus would not grow in neutral bouillon containing more than 1:15,000 of formalin, while the bacillus coli communis developed quite well in 1:3,000, and the water bacteria were resistant to 1:6,000.

**Strophanthus in Children.**—Moncorvo (*Archivio Ital. di ped.*) administered strophanthus to children of ages varying from fifteen months to fifteen years. Never has he observed the slightest intolerance; on the other hand, the muscular power of the heart was always considerably increased, its rhythm regulated without impairment of arterial intention. It was given in doses of 6 to 10 drops in the course of twenty-four hours. The author cites eight cases of disease of the bicuspid valves, in which the well-known symptoms of palpitation, dyspnea and insomnia were complained of, and relieved by the remedy within a very brief space of time. A complete cure was the final result. In children who were debilitated by severe distrophic diseases strophanthus proved itself to be a valuable indirect remedy. In asthma it acts upon the unimpaired heart-muscle; but exerts no influence upon the asthmatic symptoms. In cases of parenchymatous nephritis, with or without cardiac disturbance, the infiltration disappears after the use of the drug. The heart's energy is rapidly stimulated and the rhythm of its pulsation regulated. In the pulmonary or broncho-pulmonary affections of children, which are so frequently complicated with cardiac asthma, strophanthus acts as a heart tonic.

**Physiological Action of Strychnine.**—Rokitonski found that injections of strychnine, previous to division of the cord just below the medulla, prevented respiratory movements from being abolished, or caused them to reappear when they had stopped after section (*Ex.*).

Gamper, by observations upon dogs, discovered strychnine in-

creases the amount of gastric juice, which is corroborated by Hofmeister and Vohl, who further add it increases the number of white blood-corpuses, and that these corpuscles serve a very active part in the process of assimilation and nutrition, taking up the peptone formed in digestion, and carrying and distributing it to the tissues of the body.

The dose of strychnine ordinarily administered is too small to prove efficient. As a tonic, alone or in combination, it should be not less than one-forty-eighth of a grain to an adult of medium weight; but where more specific effect is desired, as upon the heart or respiratory organs, as high as one-twentieth of a grain three or four times a day, or oftener, may be given without untoward result, even though administered for some time.

Recent disclosures of the lines of treatment pursued in quack institutes only serve to emphasize what has long been known of the value of this drug in the treatment of ineptiety. High praise must be given to its effect upon the chronic alcoholic; appetite is restored, sleep induced; and the various nervous symptoms lessened even where a moderate indulgence is continued. In many cases of neuralgia, more especially in anaemic individuals, it will oftentimes not only relieve, but absolutely cure. In convalescence from acute fevers it is the typical tonic, improving digestion and assimilation, and strengthening heart action.

**Influence of Solvents on Germicides.**—That the liquids employed as solvents of carbolic acid sometimes affect its properties as a germicide has been demonstrated by several writers since Koch alluded to the matter in 1881. Recent experiments by P. Lenti, of the University of Naples, have demonstrated (*Ex.*) that absolute alcohol completely neutralizes the germicidal action of both corrosive sublimate and carbolic acid with regard to anthrax spores, and that a considerable proportion of water must be added before any germicidal action can take place. Glycerin impedes the action of sublimate when less than 40 per cent. of water is present, and of 10 per cent. solutions of carbolic acid when they consist of less than 80 per cent. of water. Carbolic acid and lysol also lose their disinfecting property entirely when dissolved in olive oil. It would appear, therefore, that alcohol, glycerin and fatty bodies are unsuitable ingredients of liquid disinfectants.

**Belladonna and the Galvanic Current in Epilepsy.**-- Prof. E. De Renzi (*Revista Clinica de Therapeutica*) in a case of epilepsy, which resisted large and progressive doses of the bromides, tried belladonna and galvanism on a young boy. Not much was expected, but the result was surprising. Instead of having attacks every day, especially during the night, of quite an intensity, there followed a few light seizures of short duration during the first days of treatment, and then they ceased entirely. The belladonna was administered as follows:

- R. Alcoholic ext. belladonna..... 20 (grs. iiij.)  
Ext. gentian, q. s. for 40 pills.  
S. One pill morning and evening.

The galvanic current was applied for five to fifteen minutes to the spinal column; one pole to the back of the neck and the other to the lumbar region. The electrodes were three to five centimetres in diameter, and the strength of the current from two to six milliampères. From time to time the current was reversed.

**Salophen in Rheumatic Affections.**--It was Dr. Guttmann who first called attention to the value of salophen in rheumatic affections; and during the three years which have elapsed since the publication of his observations his experience has been confirmed by a large number of clinicians both in Europe and this country. In acute articular rheumatism salophen has proved fully as efficient as salicylate of sodium and salol, while superior to them on account of its complete freedom from toxic effects or irritating action on the gastro-intestinal tract. The other qualities which commend it to the practitioner are its tastelessness and odorlessness, and consequent ease of administration. In chronic rheumatic affections salophen accomplishes as much as the salicylates, and is better adapted than the latter for continuous use by reason of its innocuous, non-irritating character. The fermentative processes in the gastro-intestinal canal which occur in subjects having a rheumatic tendency are also promptly arrested by salophen, which is an excellent intestinal antiseptic. Drs. Ciullini and Viti, who have recently experimented with the remedy at Prof. Raimondi's clinic, conclude: 1. That it is an active anti-rheumatic, better tolerated than salicylic acid and salicylate of sodium, and more innocuous than salol. 2. That it is especially indicated in the intestinal stages of acute articular rheumatism, and in mild or subacute cases. 3. That in obstinate

or chronic cases it is advantageous to follow its administration with that of iodide of potassium. 4. That salophen acts as an anti-fermative in the intestines and destroys the reaction of indican in the urine. 5. That doses as high as 4.0 to 6.0 gm. *pro die* given for several days do not produce disturbance of any kind. In the treatment of neuralgias, especially those of rheumatic origin, salophen has proved an effective analgesic, and if desirable may be associated with phenacetine.

#### PHYSIOLOGICAL AND PATHOLOGICAL NOTES.

**Formation of Mucous and Fibrinous Masses in the Genito-Urinary System.**—V. Jaksch (*Zeitschrift für Klinische Medizin*) reports a case of membranous ureteritis of unusual interest: A woman with a history of renal calculus was admitted in November, 1890. There were no physical signs nor history save that of renal colic bearing on the case. The interest of the case centered in the urine. It was neutral in reaction, contained albumin, but no sugar. The sediment contained spiral masses about 10 centimetres long, exactly similar to those observed by Leyden and Curschman in the sputum, and Nothnagel, Litten, Jaksch and Loos in the feces. Examination of these bodies showed an absence of the characteristic central thread of Curschman's spirals. The spirals were composed of cells of the ureter and bladder, and also contained masses and crystals of sulphate of calcium. Besides these bodies the urine contained epithelium from the ureter and bladder, crystals of triple phosphates and crystals of sulphate of calcium and numerous amorphous masses of carbonate of calcium. The writer believes this to be a case of renal colic due to stone. The lithiasis having caused a membranous uteritis, from which the spirals were formed.

**Tubercle Baccili in Human Milk.**—Dr. Stricker Coles, to determine the presence or absence of tubercle bacilli in human milk, made an extended search at the College of Physicians, and was surprised to find no literature on the subject (*Polyclinic*) either in text-books or journals, except one reference by Von Jaksch. He, in writing of the bacteria in human milk, says: "From observations which I have made it would seem probable that tubercle bacilli also are occasionally present." He adds, that the matter deserves further notice. H. C. Ernst, who has

done considerable work in this line, gives the result of his investigations as follows: 1. That the milk from cows affected with tuberculosis in any part of the body might contain the virus of the disease. 2. That the virus was present whether there was disease of the udder or not. 3. That there was no ground for the assertion that there must be a lesion of the udder before the milk could contain the infection of tuberculosis. 4. That, on the contrary, the bacilli of tuberculosis were present and active, in a very large proportion of cases, in the milk of cows affected with tuberculosis, but without any lesion of the udder.

The demonstration of the presence of tubercle bacilli in human milk gives warning against one of the dangers of the wet nurse, and a source of infection to the offspring of tubercular mothers, especially where tuberculosis develops after the birth of the child; it also gives a means of diagnosis where there is an absence of sputum.

**Renal Albuminuria.**—Dr. F. C. Shattuck concludes that renal albuminuria, as proved by the presence of both albumen and casts, is much more common in adults quite apart from Bright's disease or any obvious source of renal irritation than is generally supposed. The frequency increases steadily and progressively with advancing age. The increase with age suggests the explanation that the albuminuria is often an indication of senile degeneration. Though it cannot be regarded as yet as absolutely proved, it is highly probable that faint traces of albumen and hyaline and finely granular casts of small diameter are often, especially in those over fifty, of little or no practical importance (*Medical Standard*).

**Pathology of Hepatic Abscess.**—Zancarol (*Rerue de Chirurgie*, 1893) used pus from dysenteric liver-abscesses and dysenteric stools for experimenting upon cats. When the pus was subjected to microscopical and bacteriological examination for ameba and bacteria, streptococci were generally found.

The experiments consisted in injecting the pus, dysenteric stools, or pure cultures of the streptococci, into the rectum and into the ischio-rectal tissues.

When dysenteric stools were injected into the rectum, out of twelve cases eleven became affected with dysentery, and six with liver-abscess with streptococci. The abscess pus from man acted

upon cats much as did the stools. The injection of cultures of the streptococci produced ulceration of the rectum with the appearance of dysentery, and the metastasis of these organisms into the lungs and liver.

Dysenteric and septic appearances resulted finally in such cases as were injected into the ischio-rectal tissues with pure cultures of streptococci.

Injection of stools containing ameba into the rectum of cats caused no increase in the number of ameba present, but caused inflammation and exfoliation of the rectal mucosa and the occurrence of streptococci in the spleen.

Zancarol believes, from the results of his experiments, that the streptococci produce the dysentery and the liver-abscesses, and that the ameba play no important rôle in the etiology of the disease.

**Recent Studies of Acute Anterior Poliomyelitis.**—C. v. Kahlden says (*Centralbl. f. Allg. Pathol. u. Path. Anat.*) that the histological findings in all of the cases show uniformly a destruction or degeneration in the ganglion cells. The degeneration varied between a slight swelling of the protoplasm and a glass-like body without any processes. The medullated nerve-fibres were either intact or showed a slight diminution in size. In other cases the ganglion cells and nerve-fibres had entirely disappeared. In their place was tissue resembling in all respects glia-tissue.

**The Discovery of Ameba in Liver Abscesses, Dysentery, and Nosocomial Gangrene.**—Nasse states (*Langenbeck's Archives*) that after the operative opening of what was probably a dysenteric liver-abscess, a wide-spread gangrene of the skin at the edges of the wound, almost exactly like the nosocomial gangrene, occurred. The post-mortem showed in addition wide-spread gangrenous dysentery of the colon and small purulonecrotic areas in the liver. Neither after bacteriological examination nor after careful microscopical examination of the cut sections of the tissue could the specific organisms be determined, though a large variety of bacteria, including streptococci, were found.

However, in the liver, in the intestine, and in the skin large nucleated cells, which corresponded sufficiently with the ameba

described by Kartulis, were found. These did not show ameboid movement when examined post-mortem.

The relation of the bacteria to the ameba in the skin was very interesting. In the oldest parts of the gangrene, where it was far advanced, the bacteria were very numerous, but were almost entirely absent from the newer parts of the disease, which bordered upon the healthy skin. The distribution of the ameba was exactly the opposite of this, their organisms being found in considerable numbers at the margins of the gangrene, while absent from its centre.

**Function of Ciliated Epithelium of the Tubes.**—Dode's experiments seem to carry out the theory of Tait as to ectopic pregnancy being the result of former tubal trouble with the destruction of the ciliated epithelial lining (*Arch. f. Gynek.*). He injected an emulsion of charcoal into the abdomen of a rabbit, and after several hours found the tubes filling with the particles of the charcoal. He then used the ova of the *Ascaris Lumbricoides Suis*, injecting them into the abdominal cavity. In twelve hours large numbers of these ova could be seen in the tubes. This seems to prove that the ciliary currents cause ova not only to go from the ovary directly to the uterus, when the fimbriated extremity of the tubes has received it directly from the ovary, but that in case it escapes into the abdomen, a like course will be taken, and uterine pregnancy is impossible if the tubes are normal.

**Micro-Organisms Causing Suppuration.**—In a few instances suppuration has been caused artificially without the presence of bacteria (*Univ. Med. Mag.*). The majority of cases of suppuration are due to the entrance of various pathogenic germs. In short, it is not a specific process. Those germs, which have at times produced suppuration, are: *Staphylococcus pyogenes aureus*, *albus* and *citreus*; *streptococcus pyogenes*, *staphylococcus cereus albus*, *streptococcus cereus flavus*, *micrococcus pyogenes tenuis*, *micrococcus tetragenus*, *pneumococcus*, *bacillus pyogenes fetidus*, *bacillus typhosus*, *bacillus coli communis*, and *bacillus pyocyneus*. The susceptibility of the individual in almost every case determines the degree to which the infection will go. A change in susceptibility is also observed with change of age in the patient. It is an intense form of exu-

dative inflammation, in which peculiar conditions of bacterial activity, or of tissue susceptibility, or both, cause an inordinate emigration of leucocytes and necrosis of tissue.

**Hemianopsia in General Paralysis.**—Prof. Knud Pontoppidan, of Copenhagen, is of the opinion (*Hospitals Tidende*) that hemianopsia is much more frequent in cases of focal brain disease than is generally assumed, and states that he finds this symptom more and more frequently, in cases of recent apoplexy, the more thoroughly he examines the patients. As a proof that hemianopsia may also appear in cases of general paralysis of the insane during the apoplectic attacks of the disease, he quotes the following case: A man, aged 47 years, who for ten years had exhibited undoubted symptoms of general paralysis, was brought to the Copenhagen Municipal Hospital suffering from apoplexy, with hemi-epileptic convulsions. The left side of the face and the extremities of the left side were paralyzed, but were the seat of frequent rhythmical spasms which now and then extended to the right side of the face and to the right arm. Four days later the convulsions disappeared, and the senses began to clear; there was then complete hemianopsia of the left side. This symptom disappeared three weeks later, the paralysis meanwhile disappearing almost entirely.

**Study of the Organization of Bacteria.**—Mitrophanow (*Internat. Ztschr. f. Anat. u. Physiologie*) examined the large pigmented sulfo-bacteria as chromatium, rhabdochromatium and ophidomonas, as also beggiatoa and allied saprophytes, crenothrix, spirilla, bacilli and bacteria. The living organisms were stained with very dilute methyl blue solution. The sulfo-bacteria were very sensitive to its effects. One drop of 1 to 400 solution to one c.c. of water sufficed to kill them. His researches led him to the conclusion that the bacteria are neither non-nucleated organisms nor organisms which consist exclusively of nuclear substance. They are cells of variously complicated construction, whose nucleus is more or less separated from the protoplasm, of which it is a part. If the nucleus is not wholly separated from the protoplasm, the structureless Plasson of Beneden preponderates. If a distinct nucleus be present, it appears as an axial structure, containing several chromatin bodies. Beside a nucleus there are granules in the protoplasm, which M. regards as morphological evidences of cell life.

## SURGERY.

**Treatment of Acute and Chronic Ulcers.**—Dr. James Osbourn DeCoursey writes as follows to the *Louisville Medical Journal*: I have found no class of diseases yielding to treatment with greater reluctance than "old sores," or chronic ulcers. Recently, however, I have adopted a plan of treatment which is quite different from that laid down in the books, and my results have been much better.

Almost without exception, internal, or constitutional, as well as local treatment, is necessary.

The internal treatment should be directed to the seat of the malady, thus eradicating the general pathological condition, eliminating the poisons and disease germs from the system.

The sores, ulcers, acute and chronic, must be kept clean. This is done very satisfactorily by the application of hot water. If the parts cannot be soaked in the hot water, an ordinary fountain syringe can be filled with water (as hot as can be borne without burning), elevated high enough to give sufficient velocity to the stream which is played over the parts, by the operator holding the nozzle of the syringe a short distance from the seat of the application. The frequency of the washing will depend upon the nature of the case, but should be repeated as often as necessary to keep it clean and free from offensive odors.

To destroy pus and bacteria, and to aid nature in the work of rebuilding the parts invaded, I have found hydrozone and glycozone superior to any and all other agents tried.

Hydrozone is first applied (after the hot water) by the use of an ordinary glass dropper, or hard rubber syringe, slowly, all over the ulcer, until the pus is destroyed. Effervescence, or fermentation, continues until the enemy is quite dead, but no longer. One layer of absorbent cotton is saturated with glycozone and placed smoothly over the parts, and held in place by a cotton bandage, sufficiently tight to hold the cotton in place.

Other local medication might do as well in some cases, but I have not so found it.

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**The Hard Times.**—The funny man of the *Washington Star* says that the times are so hard that his doctor told him that even his blood was impoverished.

## Society Proceedings.

ST. LOUIS MEDICAL SOCIETY.

W. H. FUCHS, M. D., Editor.

Stated meeting, Saturday evening, October 20th, 1894; the President, W. B. Outten, M.D., in the chair.

Dr. Heine Marks presented a specimen of "thoracic aneurism" and read the following history of the case:

John C., 55 years old; nativity, Ireland; laborer; single; knows absolutely nothing about his family history; habits good.

Previous history: Five years ago patient was knocked down by a horse, the animal stepping on his back; has been in the hospital several weeks with several fractured ribs. Had venereal sore, which was not followed by any further evidence of specific infection.

Present trouble: Began soon after injury. Had some pain posteriorly on the left side of chest over the cardiac region; also in the legs and back. Dyspnea on exertion, which lasted several weeks and has grown continually worse. No headache or edema. Since in the hospital last July the patient has much improved. During the last two weeks he has been getting worse, having dyspnea when quiet. Left lateral decupitus alone possible. He coughed continually, which was aggravated by eating and drinking and accompanied by excessive expectoration of frothy mucous mixed with blood. Patient was hungry, but had sore difficulty in swallowing, doubtless due to pressure of the aneurism on the esophagus.

Physical examination: Dullness upon percussion extending down along the left side of the sternum, and posteriorly on the left side from the sixth rib down below the eighth and around to the posterior axillary line. No change with position. Vocal crepitus and resonance diminished. At angle of scapula there was somewhat of a tympanitic quality of percussion note over a small area about the size of a dollar. Slight dullness but distinct tubular breathing posteriorly at the left apex. Heart enlarged, apex below and a little to the left of the nipple. Whole area bulging at each beat. Distinct systolic murmur heard at apex, which was transmitted over entire chest, but could best be

heard at the sternum and around the left side. Murmur accompanied by a distinct, sharp, metallic click, which was transmitted over the entire chest. No separate murmur heard along the aorta. Pulse very weak; no difference between the radial and posterior tibial arteries.

Urine, 1016; acid, light color, no sugar, slight trace of albumen, no casts.

Diagnosis: Aneurism of sorta.

Patient died Friday, October 19th, 1894, at 2:10 A.M.

Post mortem: Held on October 19th, thirteen hours after death. Rigor mortis fairly well developed. Body emaciated; hair and beard gray; skin pale and subcutaneous veins prominent. No external signs of injury.

Body opened by median incision from the neck to pubes, the incision passing to the left of the umbilicus. Sternum and costal cartilages raised. About 500 cc. of clear serous fluid found in both sides of the chest, and 100 cc. of fluid of the same character, containing considerable flocculi of fibrin, was found in the pericardium. On the left auricle and both auricular appendages was a fibrinous exudate, and the pericardium pressed against and was adherent to the left auricle over a dark area about the size of a silver quarter. The heart was flattened antero-posteriorly by a tumor which lay behind it. A number of old pleuritic adhesions were found on right side, and the left lower lobe of the lung was pushed against the lateral wall of the chest and bound down by a thickened and adherent pleura.

All the thoracic viscera were moved in a mass from above downward, beginning at the larynx. When they were removed down to the 8th dorsal vertebra a tumor was found firmly adherent to the bone. The body of the 9th, 10th and 11th vertebrae had been largely absorbed by the tumor which extended from the 8th to the 12th dorsal vertebrae. The tumor was about the size of a fœtal head, three inches in diameter, and pressed against the heart. It was torn in removal and found to be a fusiform aneurism of the descending thoracic aorta. It was filled by a firm laminated clot, except the central channel for the blood stream, which was somewhat larger than the aorta and contained a post mortem clot. The aneurism was also pressing against the esophagus. Lungs, spleen, liver and kidneys normal.

Cause of death: Thoracic aneurism and pericarditis.

Dr. A. H. Meisenbach thought that there could be no doubt that this aneurism was of traumatic origin. The injury to the vessel probably caused a circumferential lesion of its walls and a fusiform aneurism resulted instead of a sacculated one. The reason why this patient died from some intercurrent cause may be accounted for by several reasons. First, in fusiform aneurisms all the coats of the vessel are involved; there is a uniform circular dilating, and consequently not so great a liability to rupture as in sacculated dilatations, where only a small spot of the vessel is implicated and the wall of the tumor thinner in consequence. Secondly, nature, by a conservative process, reestablishes the normal diameter of the vessel by filling in the dilated portion with a firm clot, thereby increasing the resisting force of the wall. Thirdly, the situation of the tumor caused it to be pressed upon from all sides, as a result of which the dilatation of the tumor was further counteracted.

Treatment in cases of this kind is without avail. Needling, the electro puncture, and the introduction of wires have been without result.

Dr. Robert Funkhouser presented a specimen of "Colloid Tumor of the Thyroid Gland." The tumor was removed last July, but it had been aspirated once before. The permanent result was not good, as the tumor rapidly refilled. The growth had existed about eighteen years, occupied the right lateral anterior portion of the neck, and implicated the whole right lobe, there being but a small narrow isthmus connecting it with its fellow on the opposite side. It was removed on account of its size, the pain which extended up on the face and over the right eyebrow, and the difficulty in respiration.

The removal was accomplished without difficulty. The muscles were flattened and the blood vessels tortuous and large, one vein in particular, which emptied into the internal jugular. Five or six ligatures were necessary, but they were probably absorbed as none came away with the pus and discharge, which formed subsequently. The incision flaps united by first intention. Up to the present time there has been no symptoms of myxœdema.

Dr. Louis Hauck read a paper entitled "Intubation." (See page 346.)

Dr. Nicholson could see nothing in the subject of intubation to

be enthusiastic about. The objects to be accomplished are identical with those of tracheotomy, and the statistics show the same per cent. of recoveries in each. The operation is losing in popularity with the profession at large. Speaker had noticed that it is almost entirely discontinued in Europe, and learned that there is no call whatever for the tubes at the instrument makers. Dr. Treves was heard to say that he preferred tracheotomy, because it takes only a few moments to perform, and because it can be done by almost anybody. Intubation, on the contrary, requires more time and special skill in its performance.

These points the speaker considered well taken. The operation certainly does require special skill; and he had never seen it done in from five to thirty seconds. It usually takes from three to ten minutes when done on the living subject.

There is no danger of suffocation after tracheotomy, speaker never having lost a case from this cause. He had intubated in one case, and subsequently did tracheotomy at the request of the attending physician. In another instance of intubation, the tube was found partially clogged up with membrane, which is a dangerous condition on account of the difficulty of clearing the tube.

Dr. Fairbrother said he could hardly agree with the author of the paper in his high estimation of intubation. Some eight or ten years ago, when the tube was first introduced to the profession, it was thought it would completely supersede tracheotomy, but these expectations have not been realized. On the contrary, intubation is being abandoned by the majority of practitioners. Of late, very little is observed of this operation in the medical journals, but the daily press had occasional notices of it. Two fatal cases had been recently noticed, where death took place while the surgeon was trying to remove or introduce the tube. Some other cases had appeared in the public prints, in which this operation was lauded to the skies as something new and wonderful. But these cases were evidently the *argumentum ad captandum* value, and not to be trusted from a professional standpoint. The speaker did not maintain that tracheotomy is any great boon to humanity. The per cent. of recoveries upon the operation, in really bad cases of membranous croup or croupous diphtheria, is really so small as to be altogether discouraging. But a drowning person will catch at a straw. No words can picture the terrible

scenes sometimes surrounding these cases of death from diphtheria or croup, and any operation that offers even only a temporary relief is sought with eagerness. Frequent observation upon the operation of intubation had shown it to be so unsatisfactory, that, if either is to be performed, tracheotomy is preferable.

Dr. Meisenbach also thought that the object of intubation and tracheotomy are the same; namely, to bridge over the condition of the patient until the system shall have time to recuperate from the effects of the disease. Death usually occurs from stenosis of the larynx, due either to swelling or to the presence of membrane. The making of an additional wound in the trachea does not add materially to the outcome of the case.

One point in favor of intubation is the early stage of the trouble when it can be performed. Parents will not consent to a cutting operation as readily as to that of intubation. In consequence, the system has often been charged with carbonic acid gas and the toxic products of the disease, for hours or days before the proper relief is afforded by a tracheotomy. Speaker thought the percentage of recoveries from tracheotomy would be greater than that from intubation if the former operation could be done as early as the latter. It is difficult, however, to compare the statistics of the two operations, because we do not operate on the same class of such in cases, nor under the same conditions and circumstances.

Speaker had performed intubation several times, and has discarded it. It is not an easy procedure at best, and is more difficult to perform on a crying and struggling child. He had some 23 or 24 tracheotomies for all conditions, 19 of which were for croupous diphtheria. The per cent. of recoveries in all cases was fifty-five, while that for croupous diphtheria was twenty-eight. Of course, these figures might be very materially changed on the next few cases.

Dr. H. W. Loeb considered the evidence as slightly in favor of tracheotomy, although one would expect a laryngologist to favor the other operation. The advantages of intubation are exceedingly few, even if the operation is done by a skillful person, and the statistics show that the recoveries are only one per cent. greater than those from tracheotomy. This difference may be accounted for by the fact that patients are operated upon after earlier stage of the disease, and also because the operation is a

modern one. There are those employing it who do not hesitate to publish their results, in consequence of which the records are more complete than in tracheotomy. The per cent. of recoveries from either operation is about 27, and not forty as Dr. Nicolson states.

Intubation is certainly not as generally performed at present as it was three or four years ago. It should be performed only by persons familiar with laryngeal operations and it will then not be so difficult. The originator's opinion in this regard was expressed in one of his letters which was read at a meeting of the Mississippi Valley Medical Society. In it he maintains that there should be only one intubator to every 5,000 people, and no one should venture to perform the operation who has not had an experience of at least fifty cases.

Intubation has slightly the advantage in cases of laryngeal stenosis in adults, due to syphilis or other causes. It is not considered the classical operation. Speaker had seen one case of paralysis of adduction of one side and later of the other also, in which the woman had to wear the tube constantly, lest she should be in danger of suffocation. Taken as a whole, the results from intubation are no better, except in very young children and in adults suffering from specific stenosis.

Dr. Louis Hauck had met with difficulties at first, but these are overcome as our experience increases. He now has no difficulty in introducing or removing the tube and had done the operation in less time than it takes to describe it. Three or ten minutes required to introduce the tube should invariably result in suffocation of the child. The absence of blood or shock are points of decided advantage, as is also the short time required for recoveries.

One surgeon has had thirty cases of tracheotomy, all of which resulted fatally. Later on he employed intubation, and since then has had 50 per cent. of recoveries.

Speaker had resorted to intubation in a case of diphtheritic croup in which there was involvement of the throat, tonsils, pharynx and the palate. The child was relieved in 24 hours, and coughed up the membranes with the tube, which was not re-inserted. It was on the road to recovery, but succumbed to a diphtheritic infection of a blistered surface of the neck, a result of treatment resorted to by the physician in attendance.

### Book Reviews.

**A Manual of Therapeutics.** By A. A. STEVENS, A.M., M.D. 12mo. pp. 435. [Philadelphia: W. B. Saunders, 1894. Price, \$2.25]

This is a most excellent manual which, whilst primarily intended for students, will be found useful by practitioners as a ready reference book. It is divided into two parts, the first relating to drugs and the second to applied therapeutics. In both the subjects are arranged in alphabetical order which makes reference easy and saves time. We note that barium is not mentioned, and yet the sulphide is an excellent depilatory. However, this is by no means a serious omission. A most excellent plan of indexing has been followed, viz.: a separate index for the drugs and one for the diseases which are taken into consideration in the second part. The book is well and neatly bound in cloth.

**A Clinical Manual of Diseases of the Eye.** Including a Sketch of its Anatomy. By D. B. ST. JOHN ROOSA, M.D., LL.D. Large 8vo. pp. 650. Illustrated by one hundred and seventy-eight Engravings and two Chromo-Lithographic Plates. [New York: William Wood & Co. 1894. Price, Cloth, \$5.50; Sheep, \$6.50.

This handsome work is one which will recommend itself, not only to the profession at large, but to ophthalmologists as well. It is not a perfunctory work, but one written to keep pace with the scientific discoveries and teachings of to-day. Whilst the scientific part is placed *en evidence* it has not been done so at the sacrifice of its practical utility. Far from it. We very much doubt if the practical applications of the ophthalmometer and ophthalmoscope have been more plainly shown by any other author or in such an intelligible manner that "he who runs may read" with so much satisfaction to himself.

What is also to the point is the fact that we are presented with the personal experience of the author, both in private and public practice. When we consider the immense amount of experience, the true value of this exposition can be estimated and the propositions of the author become invested with their proper weight and should command a corresponding amount of respect. The reputation of the author is such that confidence may be placed in what he says, and we are pleased to see in permanent form a part of the fruits of his erudition.

The work is a full one and covers all points connected with ophthalmology. Retinoscopy and the shadow test are plainly set forth as well as the various operations and diseases to which the

eye and its appendages are subject. Whilst etiology and pathology are not exhaustively dealt with, treatment and diagnosis are set forth in a most plain and lucid manner. We must congratulate the author on his work and the able manner in which he has completed it.

Mechanically the book is a handsome one. It would be faultless had not a most miserable typographical error crept in on the title page in which a G is substituted for a C in the word "lithographic." But we suppose that ere the publishers see this criticism the error will have been repaired. With this exception, a handsomer book has not appeared from the press by any American publisher.

**A Dictionary of Medicine.** Including General Pathology, General Therapeutics, Hygiene and the Diseases of Women and Children. By Various Writers. Edited by RICHARD QUAIN, Bart., M.D., LL.D., F.R.S. Assisted by FREDERICK THOMAS ROBERTS, M.D., B.Sc., and J. MITCHELL BRUCE, M.A., M.D. With an American Appendix by SAMUEL TRENT ARMSTRONG, M.D., Ph.D. New Edition, Revised Throughout and Enlarged. In two Volumes. Large 8vo. Vol. I., Abdomen-Lysis, pp. 1261; Vol. II., Macrocheili-Zyme, pp. 1305. [New York: D. Appleton & Co. 1894.

Who that has ever read medicine in a doctor's office and is not acquainted with Quain's Dictionary? For years it has been the guide and instructor of physicians, and they did not idly repose their trust in this repository of medical lore. The advances made in the medical art of late years have necessitated a revision of this monumental work, and, as a result, we have the magnificent books before us. Quain's Dictionary is a most useful as well as comprehensive work of the most valuable character as a reference book. Details cannot be sought for in its pages, for the object of its contributors has been condensation of the most salient points connected with each subject, the amount of space given being proportionate to the importance it has.

In the present edition thoroughness has been the principal aim, and no subject or disease is omitted with the exception of Kraurosis and some few others. On the other hand acromegaly finds a fitting description in its proper place. In fact, when we consider the list of eminent English writers who have collaborated, it is no matter for surprise to find the excellent work before us. Dr. Armstrong, who has written the American appendix, deserves much credit for his conscientious and painstaking efforts, which add in no small degree to the value of the work. We feel the more pleasure in commending his work from the fact that he was formerly a fellow-townsman as well as college mate.

The publishers have made the dictionary before us a handsome work, and one durable as well. The typography, paper and

binding leave nothing to be desired, and we would not be surprised to hear that in the next decade as many copies are sold as in the first twelve years, viz., 33,000, a truly wonderful record for a medical work of such magnitude.

**Syllabus of Lectures on Human Embryology.** An Introduction to the Study of Obstetrics and Gynecology. For Medical Students and Practitioners. With a Glossary of Embryological Terms. By WALTER PORTER MANTON, M.D. 12mo. pp. 126. Illustrated with Seventy (70) Outline Drawings and Photo-Engravings, Interleaved for Adding Notes and other Illustrations. [Philadelphia: The F. A. Davis Co., 1894. Price, \$1.25 net.

This is a little work which indeed "fills a long felt want." Students and beginners in embryology are not fitted to digest the large and elaborate treatises on the subject, nor are these latter fitted or adapted to laboratory work. Dr. Manton's booklet is just the thing for this purpose. Among the features to be noted are the directions for obtaining the embryos of fishes, birds and mammals. A valuable chapter is that devoted to the microscopical technique. A useful feature is the glossary of terms which is appended to the text. The profuseness of illustrations will immediately recommend the book to the student of embryology, and the interleaved pages will prove of the greatest use for the addition of notes, observations, formulæ, etc. This book will no doubt meet with a large and ready sale.

**A Manual of Practical Hygiene.** Designed for Sanitary and Health Officers, Practitioners, and Students of Medicine. By W. M. L. COPLIN, M.D., and D. BEVAN, M.D. With an Introduction by H. A. HARE, M.D. 8vo. pp. 456. With 140 Illustrations; many of which are printed in Colors. [Philadelphia: P. Blakiston, Son & Co., 1894. Price, \$4.40.

This is a most excellent manual of a high order of merit. The authors discuss the causes of disease in a manner which is most scientific, introducing enough bacteriology to make their meaning clear, as well as to demonstrate the secure footing which underlies their deductions. The animal parasites, as well as the vegetable ones, are also considered in a thoroughly comprehensive manner. Drainage, ventilation and heating also occupy a large share of attention; in addition to which food, its various qualities and the adulterations to which it is subjected, are noted, as well as the methods of detecting the various sophistications which are indulged in by dealers and manufacturers.

A most important part is that devoted to prophylaxis. The prevention of disease is, after all, the aim and purpose of hygiene; it is in this branch of the subject that the authors particularly

excel. The directions, in many instances, are rather dogmatic in style; and whilst we cannot fully subscribe to all, we are pleased to see that if there be any error it is on the side of safety, and after all, this may perhaps be the best method. We cannot subscribe to some other equally dogmatic dicta as easily. For instance, it is stated that the bacillus of syphilis is thoroughly established. The findings of Lustgarten have certainly not given us this certainty, nor has any other instigator succeeded in proving the position, although all the probabilities, reasoning from analogy, point in this direction.

This is merely a trifling matter, however, and one of more theoretical than practical interest. The book before us is thoroughly practical in its scope and its teachings. Even the conclusion is of the highest value, as it deals with the methods of staining and mounting the various micro-organisms. We commend the work to physicians who desire to enlarge their knowledge of hygiene, as they will here find a rare combination of the scientific and practical which will both interest and instruct.

**Local Anesthetics and Cocaine Analgesia. Their Uses and Limitations.** By THOMAS H. MANLEY, A.M., M.D. 8vo. pp. 183. [St Louis: J. H. Chambers & Co. 1894. Price, \$1.50]

This is the first work, which has appeared in English, devoted to the action and technique of the application of cocaine for purposes of local anesthesia. This seems somewhat strange in view of the fact that we all have used this agent so frequently and so successfully. We are not only pleased to see this work but still more so that it is written by one who stands so high among operative surgeons, and who has had such extensive experience as he possesses. Dr. Manley's monograph may be taken as an accurate, thorough and reliable guide on the subject of which it treats.

The introduction is devoted to anesthesia and anesthetics in general, and special anesthetics in particular. Cocaine is then taken up and its action, modes of application as well as the particular operations in which it is indicated are spoken of in a clear and intelligible manner, indicative of the painstaking efforts of the author. It bears the impress of serious work and it deals with many subjects not generally known to the profession at large. We can heartily commend the book to our readers.

**A Manual of Diagnostic Neurology for General Practitioners and Students.** By ALEXANDER B. SHAW, M.D. 8vo. pp. 114. Illustrated. [St. Louis: Printed by S. G. Burnham. 1894.

We have carefully examined Dr. Shaw's manual, and thoroughly enjoyed its reading. It is essentially a practical

treatise on the subject of which it treats. It is perspicuous, clear and to the point, and will prove of the greatest help to its readers in the matter of formulating a diagnosis in a given neurological disorder. As the author very pertinently says "the too general feeling that the anatomy and physiology of the nervous system are too complex for comprehension by any but neurologists" has resulted in an undeserved neglect of this important branch. All the diagnostic symptoms are carefully noted with one possible exception. The organic and functional disturbances of nerves as manifested by cutaneous eruptions are not noted, and yet these are far from unimportant. A commendable feature is that in which methods of examination are carefully detailed. Added to this we have a number of original illustrations, schematic and of cases which greatly add in facilitating a clear comprehension of the subject.

The work is handsomely gotten up on good paper and in an elegant binding; the text is clear, and, although the proof-reader has allowed a typographical error to creep in here and there, it is a credit to St. Louis and to the West. We are certain that the book will meet with a large and ready sale, such as it certainly fully deserves.

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### Literary Notes.

**Books Received.**—The following books have been received during the past month, and reviews thereof will be found in the present number of the JOURNAL:

**Manual of Therapeutics.** By A. A. Stevens, A.M., M.D. Small, 8vo., pp. 435. [Philadelphia: W. B. Saunders, 1894. Price, \$2.25.

**A Manual of Practical Hygiene, Designed for Sanitary and Health Officers, Practitioners and Students of Medicine.** By W. M. L. Coplin, M.D., and D. Bevan, M.D. With an introduction by H. A. Hare, M.D. 8vo., pp. 456. With 150 illustrations, many of which are printed in colors. [Philadelphia: P. Blakiston, Sons & Co., 1894. Price, \$4.00.

**Local Anesthetics and Cocaine Analgesia, Their Uses and Limitations.** By Thomas H. Manley, A.M., M.D. 8vo., pp. 184. [St. Louis: J. H. Chambers & Co., 1894. Price, \$1.50.

**A Clinical Manual of Diseases of the Eye, Including a Sketch of Its Anatomy.** By D. B. St. John Roosa, M.D., LL.D. 8vo., pp. 650. Illustrated by one hundred and seventy-eight engravings and two chromo-lithographic plates. [New York: William Wood & Co., 1894. Price: cloth, \$5.50; sheep, \$6.50.

**Syllabus of Lectures on Human Embryology. An Introduction to the Study of Obstetrics and Gynecology for Students and Practitioners. With a Glossary of Embryological Terms.** By Walter Porter Manton, M.D. 12mo., pp. 126, interleaved. Illustrated with seventy outline drawings and photo-engravings. [Philadelphia: The F. A. Davis Co., 1894. Price, \$1.25 net.

**A Dictionary of Medicine, Including General Pathology, General Therapeutics, Hygiene, and the Diseases of Women and Children.** By various writers. Edited by Richard Quain, Bart., M.D., LL.D., F.R.S., assisted by Frederick Thomas Roberts, M.D., B.Sc., and T. Mitchell Bruce, M.A., M.D., with an American Appendix by Samuel Treat Armstrong, M.D., Ph.D. New edition. Revised throughout and enlarged. In two volumes. Large 8vo., Vol. I, *Abdomen-Lysis*, pp. 1261; Vol. II, *Macrocheilia-Zyme*, pp. 1305. [New York: D. Appleton & Co., 1894.

**Principles of Bacteriology.** By S. C. Abbott, M.D. Second edition. Enlarged and thoroughly revised. 8vo., pp. 471, with ninety-four illustrations, seventeen colored. [Philadelphia: Lea Brothers & Co., 1894. Price, \$1.50.

**Directions for Laboratory Work in Bacteriology.** By Frederick G. Novy, Sc.D., M.D.. Large 8vo., pp. 209. Interleaved. [Ann Arbor, Mich.: Geo. Wahr, 1894. Price, \$1.50.

**A Manual of Diagnostic Neurology, for Medical Practitioners and Students.** By Alexander B. Shaw, M.D. Illustrated. 8vo., pp. 114. [St. Louis, 1894.

**Transactions of the American Ophthalmological Society Thirteenth Annual Meeting, Washington, D.C., 1894.** 8vo., pp. 246. [Hartford: Published by the Society. 1894.

**Diagnosis, Differential Diagnosis and Treatment of Diseases of the Eye.** By A. E. Adams, M.D. 12mo., pp. 94. [New York: G. P. Putnam's Sons, 1894. Price, \$1.00.

**Kola.** Published under the direction of F. E. Stewart, M.D., Ph. G. 12mo., pp. 78. Illustrated. [Detroit: Frederick Stearns & Co., 1894.

**Therapy** is the title of a new monthly published in Detroit, Mich., which is doubtless a trade journal. The name of no editor appears and the publishers are manufacturing pharmacists.

**The Columbus Medical Journal** has changed editors. After eighteen consecutive years of service, Dr. J. F. Baldwin retires, his place being taken by Dr. R. Harvey Reed, the former editor of the *Railway Surgeon*. We are sorry to see one so old in the harness leaving off work which we doubt not was congenial to him.

**Transactions of the American Ophthalmological Society** at its thirtieth annual meeting forms without doubt the finest volume ever issued by this society. It is remarkable, not only for the superior quality of the papers and the remarkable cases, but on account of the numerous well executed illustrations as well. Among these latter we desire particularly to note four plates in colors representing ophthalmoscopic appearances of the fundus of the eyes in various conditions. That appended to the paper of Dr. G. E. de Schweinitz's paper on colloid disease in the macular region is particularly interesting. We can justly feel proud of American ophthalmologists and their work when we look at the evidence of their superior work as shown in this volume of transactions. The mechanical work and material are above criticism and the volume reflects great credit upon the publication committee.

**Diagnosis, Differential Diagnosis and Treatment of Diseases of the Eye** is a duodecimo of 94 pages written by Dr. A. E. Adams, which condenses all the principal points connected with the subjects mentioned in its title. The various topics are given in clear and concise language in parallel columns. A most thorough system of cross-indexing enables the inquirer to find what he desires in a moment, thus avoiding the necessity of working through long discursive accounts at a time when he has no leisure. Of course, it is not intended to supplant any of the large treatises, but rather to be used as a syllabus and reminder. It is admirably adapted to this purpose. Messrs. G. P. Putman's Sons, of New York, publish the book at \$1.00, post-paid.

**Kola** forms the subject of an illustrated monograph containing seventy-eight pages of most valuable information in regard to this almost unknown plant. It is in every sense a thoroughly scientific little work, and is deserving of a prominent place in the library of every reading physician. The pharamognosy is most thoroughly and elaborately set forth by Prof. Schlotterbeck, of the School of Pharmacy of the University of Michigan. The physiological and therapeutical action of kola nut is given by Dr. F. E. Stewart, formerly of Jefferson Medical College, and a clinical study of kola is furnished by Dr. Jno. V. Shoemaker. A complete bibliography terminates the little volume. We must confess our surprise when we saw that this monograph was the product of the scientific department of Messrs. Fred'k Stearns & Co., the well known manufacturing chemists, of Detroit. Not a single word that could possibly be construed as an advertisement occurs in its pages, and we recommend our readers to obtain a copy which will be cheerfully furnished upon a request made to that effect, by Messrs. Stearns & Co. We commend most heartily this new evidence of their genuine interest in advanced and truly scientific medicicue.

### Melange.

**A Bequest to the Massachusetts General Hospital.**—Among the bequests of the late Miss Sophia Snow, of Bath, Me., is one of five thousand dollars to the Massachusetts General Hospital.

**The Lyman Prize of the Boston City Hospital.**—The Lyman prize of one hundred and fifty dollars will be given next year to the writer of the best essay on any subject relating to medicine or surgery. The prize is open for competition to all graduates of the Boston City Hospital of not more than three years' standing. Essays must be typewritten, and sent, accompanied by a sealed envelope containing the writer's name, to the secretary of the City Hospital Club before January 20th, 1895.

**The American Academy of Railway Surgeons** completed its organization at its meeting held in Chicago, November 9 and 10, and elected the following officers: President, C. K. Cole, Helena, Mont.; 1st vice-president, C. M. Daniels, Buffalo, N. Y.; 2d vice-president, W. H. Elliott, Savannah, Ga.; secretary, Webb J. Kelly, Galion, O.; treasurer, C. B. Kibley, Corry, Pa.; Editor, R. Harvey Reed, Columbus, O. The next meeting will be held in Chicago, Sept. 12, 13 and 14, 1895.

*The Journal of the American Medical Association* has by formal vote been selected as one in which the transactions will be published. The constitution as adopted limits the membership to 200.

**The Alvarenga Prize of the College of Physicians of Philadelphia.**—The College of Physicians of Philadelphia announces that the next award of the Alvarenga prize, being the income for one year of the bequest of the late Señor Alvarenga, and amounting to about one hundred and eighty dollars, will be made on July 14, 1895, provided that an essay deemed by the committee of award to be worthy of the prize shall have been offered. Essays intended for competition may be upon any subject in medicine, but cannot have been published, and must be received by the secretary of the college on or before May 1, 1895. Each essay must be sent without signature, but must be plainly marked with a motto and be accompanied by a sealed envelope.

having on its outside the motto of the paper and within it the name and address of the author. It is a condition of competition that the successful essay or a copy of it shall remain in possession of the college; other essays will be returned upon application within three months after the award. The prize for 1894 has been awarded to Dr. G. E. de Schweinitz, of Philadelphia, for his essay entitled "Toxic Amblyopias."

**Herman V. Helmholtz**, the greatest medical physicist the world has seen, was the son of a professor in the gymnasium of Potsdam, in which town he was born August 31, 1821. After studying medicine in the military institute at Berlin, and being attached for a time to the staff of one of the public hospitals there, he returned to his native town as an army surgeon. In 1848 he was appointed Professor of Anatomy in the Academy of Fine Arts at Berlin; in 1855, Professor of Physiology at Königsberg, whence he removed in 1858 to Heidelberg, where he also filled the chair of Physiology. He was afterwards appointed Professor of Physiology at Berlin. The works of Professor Helmholtz have reference principally to the physiological conditions of the impressions on the senses, among which may be mentioned: "On the Preservation of Forces," 1847; "Manual of Physiological Optics," 1856; and "Theory of the Impressions of Sound," 1862. His "Popular Lectures on Scientific Subjects" were published in London in 1883, and his work on "Sensations of Tone, as a Physiological Basis for the Theory of Music," appeared in 1875. More than 120 scientific papers of his have been read before the Royal Society; and December 1, 1873, the Copley medal of the Royal Society of London was awarded to him. In 1883 he was ennobled by Kaiser Wilhelm I. "in recognition of his eminent services to science."

**Ne Quid Nimis.**—There is a strange psychological fatality about the American character that makes it run to excess in whatever it does. The reserve of tact and discrimination, the instinctive knowledge of coming or already-passed limitations, the impossibility of foreseeing the need of a brake until the engine has either jumped the obstruction or has been smashed to smithereens—all this seems to have been left out of our intellectual outfitting (*Ex.*). Instead of quietly and moderately plundering the taxpayers of a city, our American methods inevitably

end in Tweedism. Instead of exercising and training the body by judicious athletics, we have modern foot-ball—a spectacle for gods and men! Instead of a decent party egotism, we have in politics an exuberant rabidity that makes an editorial writer roar with laughter at his own assumed virtue and at his own extravagances of mendacity about the other party. Instead of Socialism we have Coxeyism. Instead of temperance we have either dead-drunkenness or prohibition.

Nor in medicine and in pseudo-medicine can we escape “the defects of our own virtues.” Here also we note the peculiar power of crazy excess, the lack of restraint, the disdain of Solon’s *ne quid nimis*. A patient told us the other day that himself and his family had taken thirty-two dozen bottles of an anti-rheumatic patent medicine. He found that it was as effective against every other disease as against rheumatism. What a roaring farce this of thousands and thousands of newspapers of this country, supported and bribed to publish millions of pages of ludicrous puffs and lies at millions of dollars of expense, concerning quack concoctions in the preparation of which not a spark of therapeutic knowledge or scientific intellect ever had a finger of influence. What silly nonsense again, for the American medical profession to support two hundred or three hundred so-called medical journals, when a half dozen or a dozen is all or more than could be supported with dignity and honesty. What criminal nonsense, once more, to have a hundred or more medical colleges when a dozen would be all that could be decently endowed and carried on with high standards. The dozen would do a hundred times more good for the science of medicine than the hundred could by any possibility do. Lastly, chiefly as a result of this riotous multiplication of so-called medical colleges, we have a perfectly ludicrous excess of physicians half starving and competing with each other all over the land. The proportion of physicians to the population is higher with us than with any other civilized people. While France finds one doctor enough to 2,000 of the people; Germany, the home of scientific medicine, finds the proper proportion, 1:3,000; and Sweden, 1:7,000. We in our suicidal intoxication, run the proportion up to 1:600.

What malignant asinarian bacillus has got into our blood that makes us “whoop” everything to the sheerest and most debauching excess?

### Miscellaneous Notes.

**The Rio Chemical Company**, of St. Louis, if it had never done more than present to the profession its valuable S. H. Kennedy's Extract of *Pinus Canadensis*, would have placed the profession under a lasting obligation to it. There is no more healthful, stimulating and generally beneficial application that can be made to a diseased mucous membrane than this.—*Med. Mirror*.

**Vin Mariani's Case.**—After giving an account of an interview with Prof. Fennel, the *New York Times* of Oct. 28, 1894, editorially concludes its article as follows:

"It is regretted, of course, that even a temporary injustice should have been inflicted; but the professor has, by his prompt recognition of the merits of the case, done all that lies in his power to right any injury that may have been inflicted. It is felt, however, that the mistake has not been without its resultant good, for the fact that this tonic has been restored to deserving recognition by official analysis is not to be despised in these days of adulteration."

**A Good Diary Free!**—Send twenty cents in stamps to McArthur Hypophosphite Co., Boston, for McArthur Pocket Diary. Handiest and most useful little book for the physician that we have seen. Contains doses of drugs, including new remedies, a list of disinfectants and how to use them, antidotes for poisons, methods of treating emergencies, an obstetric ready reckoner, and other valuable information.—*Brooklyn Medical Journal*.

**Bromidia in Insomnia.**—Dr. R. Cantalupi, writing from Naples, Italy, under date of July 24, 1893, says,

Bromidia has produced successful results in all the most varied forms of insomnia. Among others who have been benefitted by its use is Professor Cesare Olivieri, well-known as a most distinguished surgeon in this city, and who, after undergoing tracheotomy for neoplasm in the larynx, suffered terribly from insomnia, which the usual hypnotics all failed to relieve. Hearing of this, from a mutual friend, I advised the use of Bromidia, which promptly produced the desired result.

**A Pronounced Opinion from the Veteran Editor of the "Memphis Medical Monthly."** October 22, 1894.

*Gentlemen:*—Your kind favor of 20th inst. received this evening, after my return from Ship Island, Miss.

The "Antikamnia and Codeine Tablets" which reached me also were exactly what I wanted. Having been exposed to the Gulf breeze all day, I returned suffering intensely with gastralgia and pleurodynia. One of the tablets gave me relief, and I have since had my supper and feel quite comfortable.

In the fact that your preparation, Antikamnia, has no depressing effect upon the cardiac force, you have much for congratulation, and the field for its usefulness may be viewed like the horizon—the nearer you approach it the wider its recognized extent.

Yours cordially,

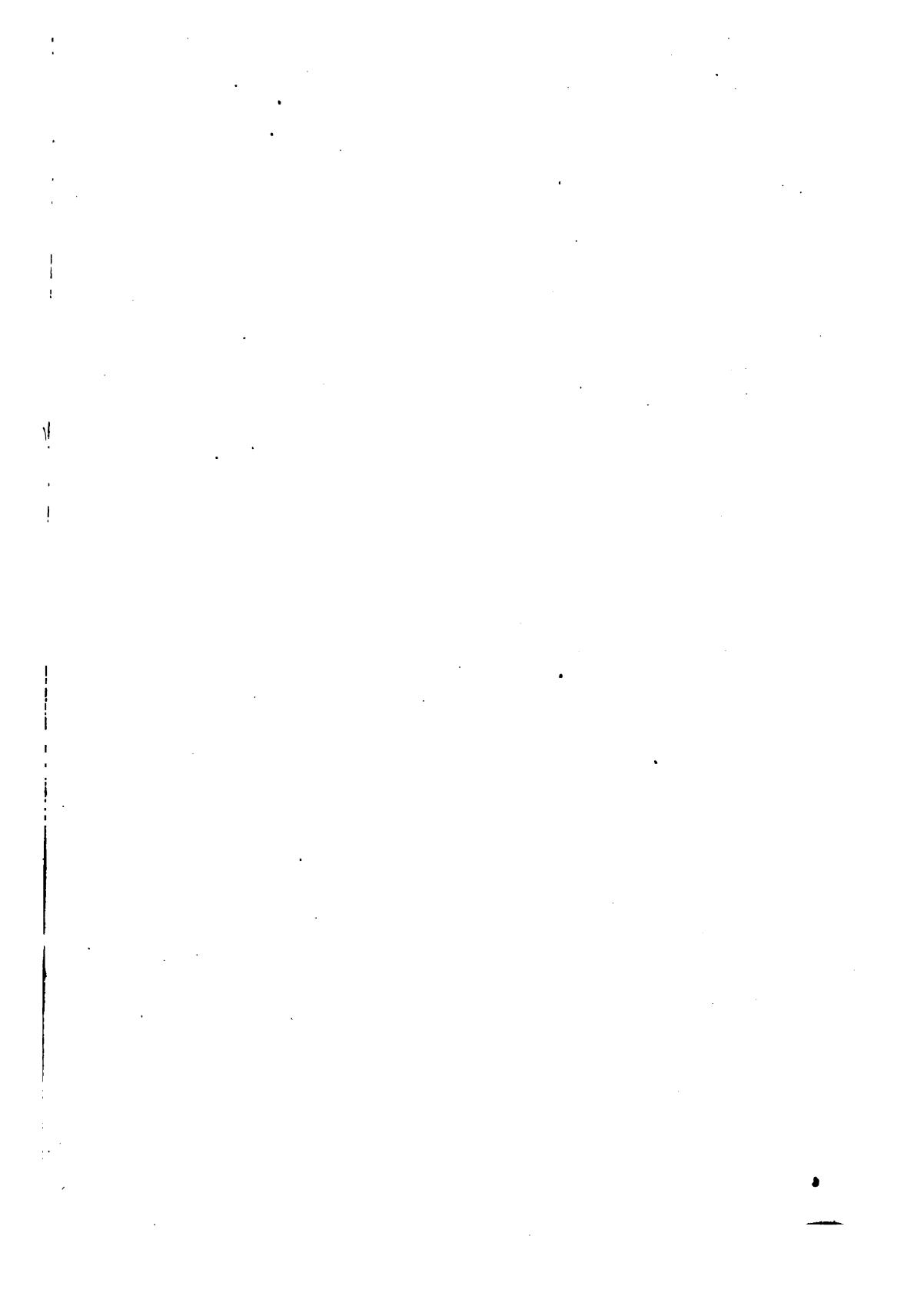
To The Antikamnia Medical Co.

F. L. SIM, M. D.

**Victor Consolidated Mining Co.**—F. H. Pettingell and A. H. Weber, who have just returned from a tour of inspection of the Victor Consolidated properties, are highly enthusiastic over the present outlook. They state that never in the history of the Cripple Creek district has the famous camp looked more prosperous or was the output more extensive. Phenomenal discoveries are being daily made in almost every locality, and Eastern capital is pouring in, in practicably unlimited amounts. The Victor Consolidated Company may astonish the world in another way than that of mining, from which source success is nearly assured. Messrs. Pettingell and Weber are now negotiating with the Midland Terminal R. R. regarding the locating of their depot and a townsite on this organization's territory; should this deal be consummated the company would acquire large funds from the sale of lots, still retaining all mineral rights and thereby making the declaration of a dividend feasible, like the Mt. Rosa Company, who recently accomplished an identical transaction with the Florence & Cripple Creek R. R. Co. The officers of the Victor Consolidated Company are making every effort to carry their enterprise to a successful issue. The success of these gentlemen in their other mining projects is creating confidence in this undertaking, and considerable treasury stock is being daily disposed of, proceeds of which will be utilized in furthering the interests of the company; that, accompanied with the general flattering outlook apparent in Cripple Creek, should enthuse the Eastern investing public.

**The Hot Springs of St. Louis** is the appropriate name which has been given to the now well-known Belcher Baths. The famous Belcher well has been known for nearly fifty years and its water used with benefit by hundreds of thousands. The Belcher Water Bath Co., however, has taken advantage of this natural sulphur water supply and has arranged a magnificent bath-house at 15, 17 and 19 O'Fallon St., St. Louis, where all forms of balneation may be obtained. Its popularity is attested by the large numbers who go there daily upon the recommendation of their physicians, who are acquainted with and appreciate their value.

**Hæmoferrum.**—The importance of iron as a medicinal and therapeutic agent in the treatment of anemic and chloretic conditions is unquestioned. The main point to be determined is what is the best form in which it may be administered. It would seem that if the iron as it exists naturally in the blood may be had—that is to say, if the blood iron itself is available—then that form is certainly the great desideratum in iron administration. Messrs. F. Stearns & Co., of Detroit, Mich., offer for clinical experiment such a form of iron in Hæmoferrum (Stearns'), which is the element iron united with the proteid matter just as it exists in the blood itself. Hæmoferrum (Stearns') is a natural proteid compound of iron (not an artificial mixture of albumen or peptone with iron) and contains all the iron present in the blood, it being the principal constituent of the red blood corpuscle. It is aseptically prepared from fresh bullock's blood by being separated from the serum and excess of fibrin, and, therefore, is entirely different from all artificial salts, chemical compounds or mixtures of iron, be they organic or inorganic. Messrs. F. Stearns & Co. request the profession to give their new product a thorough trial and offer to send samples and literature free on application.









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